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EXAMINER: OUR BE FOWN L DIRECTOR: H, WITH THE S MARYLAND,		22a I cert	tify that I taak char	ge of the remains descr	ibed abave, held ar	Autops	y LJ, Inspect	ian 🔀 , Ind	quiry L, and	d in my apinian	
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AR WITH			/7/	2			TITLE (SPECIFY)			-J-	
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don't a regulation to Coffee Day wants/ 1894

16000 Annapolis Road

20715 - 3043

Bowie, MD

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

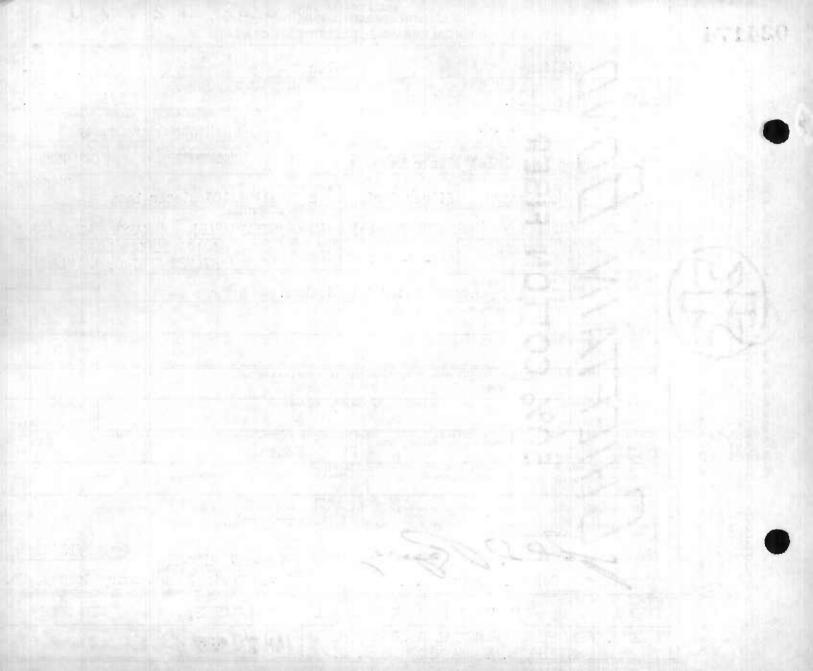
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Beall Funeral Home

DIVISION OF VITAL RECORDS, 201

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	SR. ES.		PE OR PRINT)	Lillia	n			Ad	ler		20. DATE KN OF E DEATH M.	STI-	1/13	1986	A:0
20	SARY, PLEASE AL DIRECTOR. YOUR FILES. IN 72 HOURS STON STREET,	Fe			Dec. 23,	YEAR	AGE (IN YEARS LAST BIRTHDAY) 84 YRS.	MONTHS	DAYS HOURS	MIN.	2c DATE PRONOUNCE DEAD	ED MC	1/13	1986	I'b Ho
0	A SERVICE SERV	7a. BI	EW YORK		U.S.A.	HAT COUNTI		MARRIED	NEVER MA	RRIED [TY OR COUNTY OF DEATH			
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•	AL EXAMPLE GERTI HE GERTI HOULD E AL DIRE TH, WIT E, MARY		ACTUAL SIGNATUPE	21	0/	16) re	M.D.	Deputy	MED	ICAL EXAMIN	ER . S	DATE SIGNED	1/13/8	6
	TO MEDICAL EXAMINI EXECUTE THE CERTIFIC PAGE 4 SHOUD BE FOUNDED BE		EXAMINED S NAM (TYPE OR PRINT)		n S. Roge				DICESS	Semi ver Sp	nary Ro ring, M	oad		County	, Md
07/84	BP	L (URIAL, CREMATION	- 34	1/15/198		MOUNT			Qu	EENS,			w york	PIE
25M	DHMH - 17 (VR A15 ME (5))		WALD MEST						25a. DA	TE REC'D. BY	REGISTRAI	ukanlaw	R'S SIGN	ATURE	0 R



Gilbert L. Amyot JR. DEATH MATED 1 25 1986 3. SEX 4. RACE 5. DATE OF BIRTH DAY YEAR LAST BIRTHOAY) MONTHS DAYS HOURS MIN. PRONOUNCED DEAD 1 25 19 86 5 MALE WHITE APR. 4, 1967 18 YRS. 76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) 8 MARRIED NONEGON COUNTRY) 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12. USUAL OCCUPATION (TYPE OF WORK 12.6 KIND OF BUSINE OR INDUSTRY) WISOMED DIVORCED NONE 12.6 KIND OF BUSINE OR INDUSTRY NONE STREET ADDRESS) USUAL RESIDENCE (IFIN NURSING HOME OR OTHER INSTITUTION, GIVE STREET ADDRESS) USUAL RESIDENCE (IFIN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADDRESS) USUAL RESIDENCE (IFIN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADDRESS) USUAL RESIDENCE (IFIN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADDRESS) USUAL RESIDENCE (IFIN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADDRESS) USUAL RESIDENCE (IFIN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADDRESS) USUAL RESIDENCE (IFIN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADDRESS) NONE 136. CITY OR TOWN 136. CITY OR TOWN 137. CITY OR TOWN 138. COUNTY MONTGOMERY KENSINGTON 139. STREET ADDRESS 9707 STONEYBROOK DR. 20895	
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Md. MONTGOMERY KENSINGTON YES NO 9707 STONEYBROOK DR. 20895	
GILBERT L. AMYOT CLAUDETTE J. BERNIER 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
(YES NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	
18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTE	
PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF	PEAIN
DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which	
gave rise to immediate (b) - NIG (C+10N) OF TOTE 19N ODJECT S SUBELZO Cause (a) stating the under- DUE TO, OR AS A CONSEQUENCE OF	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	=
PART 2 OTHER SIGNIFICANT CONDITIONS CONTENDUTING TO DEATH DUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 1. Set Zure Disarder and Mental Retardation 196, Date of Operation 196, CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY2	
196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	
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WHILE NOT WHILE AT WORK AT WORK AT WORK ON I GENTLE STREET COUNTY WHILE AT WORK ON I GENTLE SCENTER 12001 Charry Hilled Prince Georges me	_
220. I certify that I took charge of the remains described above, held an Autapsy X, Inspection , Inquiry , and in my apinion	
death resulted from: Natural causes, Accident Suicide Hamicide Undetermined manner	
ACTUAL SIGNATURE CONTROL MEDICAL EXAMINER SIGNED 1-27-86	
M.D.A.S.I.S.T. MEDICAL EXAMINER SIGNED 1-27-86	
CONTRIBUTING CAUSE OF DEATH P.M. 15196 TN955 TN955 CAUSE OF DEATH P.M. 15196 TN955 TN955 CAUSE OF DEATH P.M. 15196 TN955 T	
236 BURIAL, CREMATION, REMOVAL 23b DATE 23C, NAME OF CEMETERY OR CREMATORY 23d, LOCATION CULTURE COUNTY STATE	
O7/84 BP, 5/ CREMATION JAN. 27,1986 CHAMBERS CREMATORY RIVERDALE, P.G.C. Md.	-
(VR A15 ME (5)) W. W. CHAMBERS CO. INC. SILVER SPRING, Md. JAN 31 1986	

10111180

P. V. GLOGERS DO. DEC. SERVER DESIGNATION OF

injury, or other traumatic event, the medical

MPORTANT: If them 21 is marked or Item 18 shows any

Robert A. Pumphrey Funeral Homes, 300 W. Montgomery Av., Rockville, Md.

009027 1 - FOR

STATE OF MARYLAND	8 0
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	

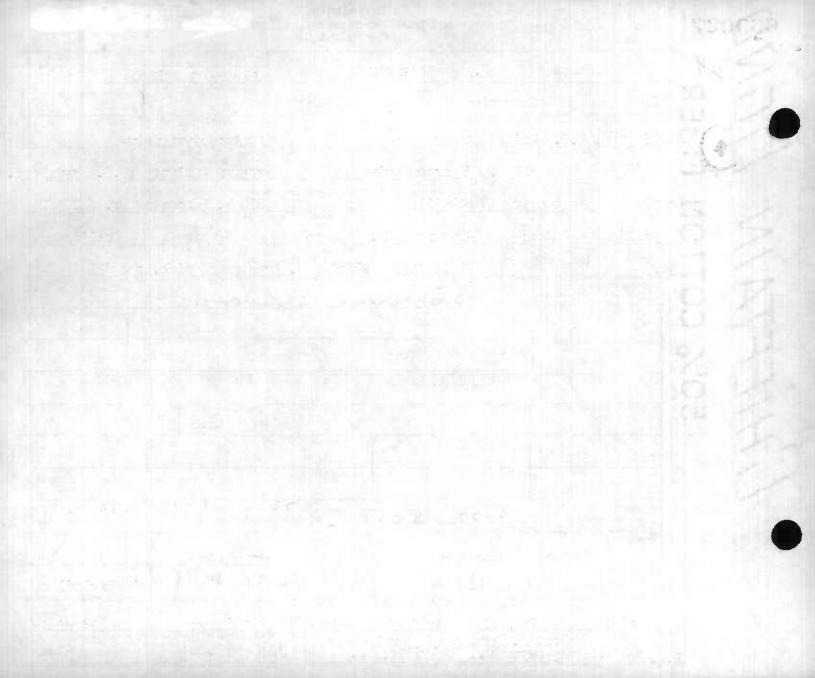
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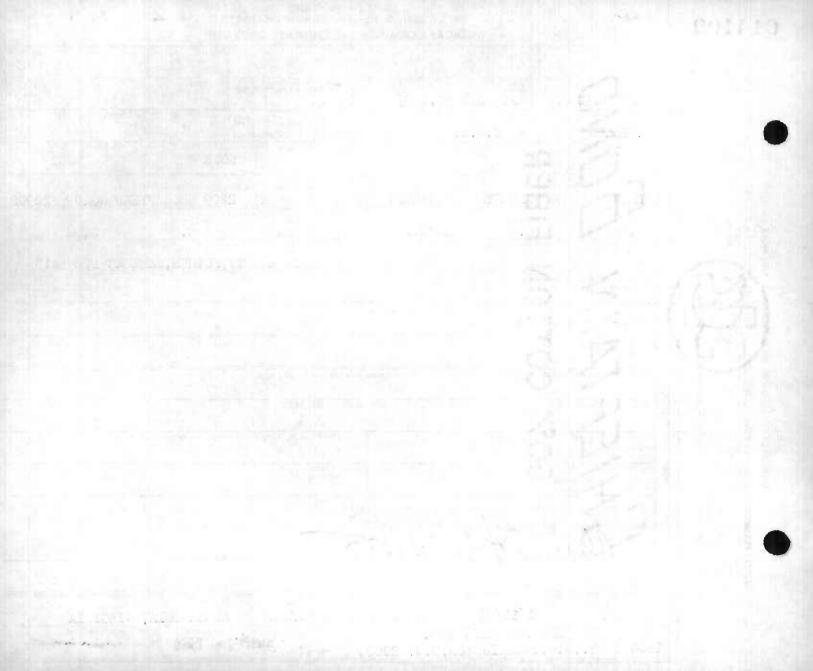
REGISTRAR		CERTIFICATE OF DEATH	REG NO		
T. DECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH	AONTH DAY YEAR	26 HOUR
James	Р.	Armstrong	January 1.	1986	9:05am M
3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEAR'S LAST BIRTH	MONTHS DAYS	HOURS MIN.
Male	Caucasian	Sept 3, 1919	66	YRS.	MIN.
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8 MARRIED TO NEVER MARRIE	BALTIMORE CITY OF	COUNTY OF DEATH	
Washington, D.C.	United States		- 127	County	MD
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUI	RSING HOME OR OTHER INSTITUTIO	N 120. USUAL OCCUPATION		OF BUSINESS OR
Rockville		ton Drive	Program Anal	yst U.S.	Navy, Dep
DOUAL RESIDENCE (IF NURSING HOME OF 130 STATE 136 COL			ITS? 13e STREET ADDRESS /	ZIP CODE	
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14 FATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAID	EN NAME MIDDLE	LA	51
William J	John Armst	rong, Sr. Clara	Jennie		ison
160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL S	SECURITY NO. 17 INFORMANT	ADDRES	S	
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18 CAUSE OF DEATH (Enter of	only one couse per line for 101, (b	, and ic		APPROX	ONSET AND DEATH
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		3			
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gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSE	OUENCE OF			
underlying cause last					
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190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	196 CONDITION FOR WE	HICH OPERATION WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FINDIN	
<u> </u>			YES NOT	IN CERTIFYING CAUSES	NO T
21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY C	CCURRED (ENTER NATURE OF INJURY		
OR CONTRIBUTING CAUSE OF DE		DAY YEAR			
OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19 21f LOCATION			
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	pital) attended the deceased fro	Co			that (I) (we) lost
	of) view the body after death.		pinion death accurred on the do	e and have and from the	couses stated
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onel.	of X Ducy	WY ATTEND			1.86
224 PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS	12.0° 1111	1 1/2 1	SANT DELL
Doine	ild F Noch	1 809	selica mill	I I d Roc	kville,M
23a BURIAL, CREMATION, REMOVA	L 236 DATE	23c NAME OF CEMETERY OR CREMA	TORY 23d. LOCATION	COUNTY	STATE
Buria1	Jan. 6.1986	rlington National	ry Arlington		irginia
24 FLINERAL DIRECTOR - 1	rt A Dumphrov	F	O. DATE REC'D. BY REGISTRAR 2	Sh. REGISTRAR'S SIGNAT	TURE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



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PEC	3. SE	X	4. RACE	5. DATE OF BIRTH		RTHDAY) MONI		HOURS I	24 HRS. 20 DATE MIN. PRONOUNCED	MÖNI	H DAY Y	2d HOUI 2:00
IS NECESSARY, PLEASE EFUNERAL DIRECTOR. E 5 FOR YOUR FILES. I W. RRESTON STREET.	F	EMALE	BLACK	SEPTEMBE	R 13,1985	YRS. 3	DAYS 24	HOURS	DEAD DEAD		1-6 19 8	36 a. A
A SEE A SE	70. E	IRTHPLACE (S'	TATE OR	76 CITIZEN OF W		8. MARR	IED NEVI	ER MARRIE	9 BALTIMORE	CITY OR COU	INTY OF DEATH	4
DANG WAS		MARYLA	ND	U.S.	Α.	WIDOV	/ED 🗆	DIVORCE	□ Montgo	mery Co	ounty,	WE
SEE SEE	10. C	ITY OR TOWN	OF DEATH		SPITAL, NURSING H		ER INSTITUTI	ION	12a USUAL OCCUPATIO	N (TYPE OF WOR	RK 12b. KIND OI	BUSINESS
D. 21201 2, ANY DELAY IS N. 2, AND 3 TO THE FU. 3? RETAIN PAGE 5 SHOULD BE FILED. ALRECORDS, 201 W.	1	Silver		2209	SHOREFIE	LD ROA	D		FONDE WORKING LI	-1	NON	E
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BIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 S CERTIFICATE SHOULD BE EXECUTED WITHIN A HOURS AFTER DEATH. IF ANY RITHOG THE WORD "PENDING", IN PROGRAM FOR ST. 2, AND REDED TO THE CHIEF MEDICAL E. E 3 SHOULD BE USED AS A BURIAR. IT PAST THE TOTAL THE PORM PM. 3. RETAINED TO THE CHIEF MEDICAL E. E DEPARTMENT OF HEALTH AND MEN A HOGELE. IN ISLON OF WITAL RECO		YES, NO, OR UNKNO	(IF YES, C	GIVE WAR OR DATES)	NONE		TONY	A ARI	WETT, MOTHER,	SAME A	SITEM	非13
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TO MEDICAL EXAN EXECUTE THE CERT PAGE 4 SHOULD B TO FUNERAL DIRE AFTER BEATH, WIT BAITMORE, MARY		EXAMINER'S (TYPE OR PRI	NAME DE	ennis F. Sr	myth, M.D.		ADDRESS	111 P	enn St., Ba	Ito., 1	Md. 21:	201
DAY DE LA	23a.E	URIAL, CREMA			23c. NAME OF				23d. LOCATION	-	OUNTY	STATE
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TENNESSEE LUTTRELL APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3 weeks 3 weeks l vear PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a 20h IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? NO F 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2 CITY OF TOWN COUNTY January 6 a, and that in (my) (aur) apinian death accurred on the date and havi and from the causes stated 22c DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN 22e ADDRE NATIONAL INSTITUTES OF HEALTH CLINICAL CENTER, BETHESDA, MARYLAND 20892 23d LOCATION 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236 DATE (SPECIFY) Burial Jan. 9,1986 Liberty Hill Cemetery Washburn, Tennessee 24 FUNERAL DIRECTOR #16.60M 7/84 Ives-Pearson Funeral Home, Arlington, Va. (VRA 15. 4)

2h HOUR

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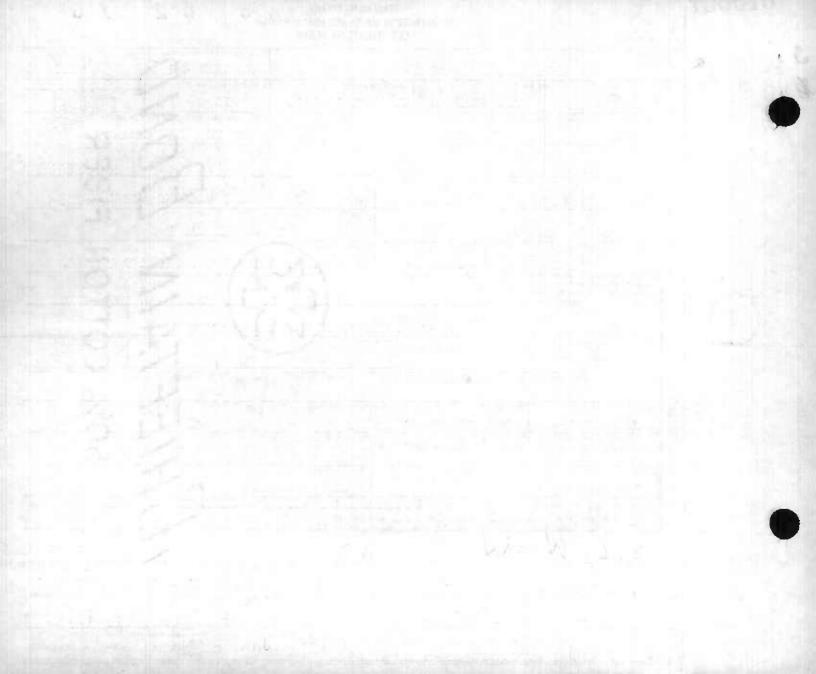
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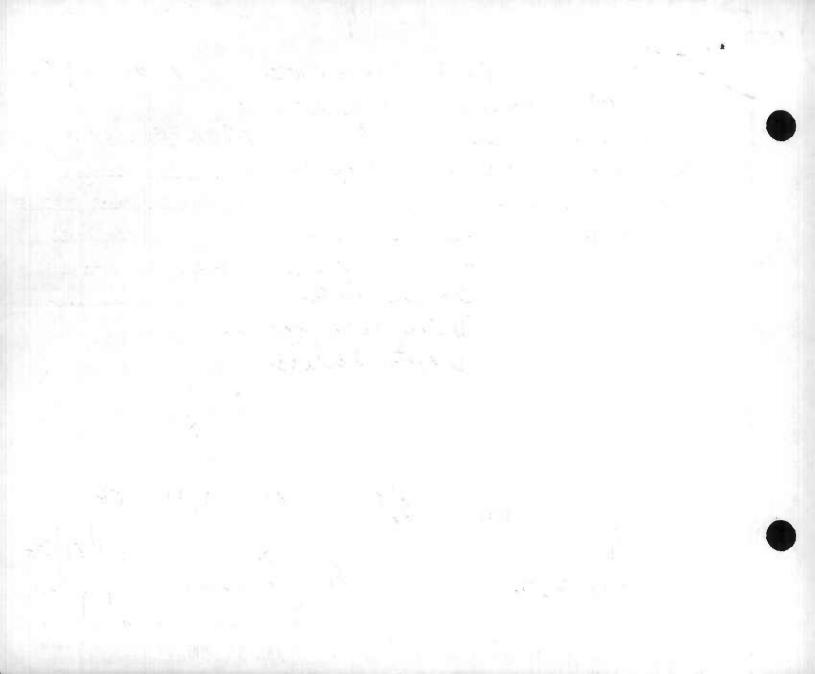
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

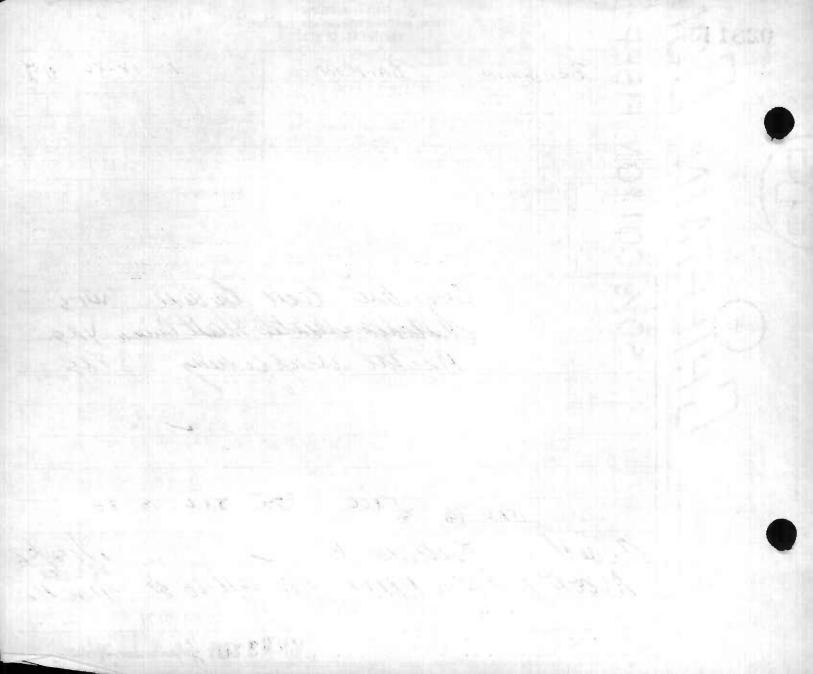
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DHMH - 16 60M 7/84 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this



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IF ANY DELAY IS NECESSARY, PLEASE AND 3 TO THE FUNERAL DIRECTOR. I. RETAIN AGE 5 FOR YOUR FILES. SHOULD BE FILED, WITHIN 72 HOUNES (RECORDS, 20) W. PRESTON STREET.	10. CI	TY OR TOWN		11	NAME OF HOS			E, OR OTH	IER INSTITUT	TION	12a USUAL	840330	ION (TYPE O	DF WORK	THE RIND OF BU	JSINESS
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	STE STEE	3 SEX	4. RA	CE	5. DATE OF BIRTH	YEAR	6. AGE (IN YEAR!		1 YR IF UNI	DER 24 HRS.	2c. DATE PRONOUNCED		MONTH DA	Y YEAR	2d. HOUR		
	DN S	Me	le Whi	te	Nov. 10, 1		37 YRS	MONTHS	DAYS HOURS	MIN.	DEAD		1-11-8	36,	BAM M		
•	E. WRITING CRATIFICATE SHOULD BE EXECUTED WITHIN 241-DUS AFTER DEATH. IF ANY DELAY IS NECESSARY, PLEASE TE. WRITING THE WORD "PENDING" WERE THE SHOULD BE THE FUNERAL DIRECTOR. THE SHOULD BE USED AS A BURRAL PROPERTY OF THE CHIEF MEDICAL PROPERTY OF HEALTH AND ASSISTAND SHOULD BE FILED WITHIN 72 HOURS STATE DEPARTMENT OF HEALTH AND PROPERTY WISHON OF WELL RECORDS. 201 W. PRESTON STREET. 9, 21201 PRIOR TO BURIAL, CREMATION OF HEALTH AND ASSISTAND SHOULD BE FILED WITHIN 72 HOURS.	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland 10 CITY OR TOWN OF DEATH Comus			**MARRIED ** NEVER MARRIED ** ** ** ** ** ** ** ** ** ** ** ** **												
					11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IVE FOR MOST OF WORKING LIFE) 22901 Slidel Road Landscaping						N (TYPE O	PE OF WORK 126 KIND OF BUSINESS OR INDUSTRY					
21201		USUAI 13a ST Ma	AL RESIDENCE (IF IN NURSING HOME OF STATE ATYLAND MONTE		or other institution, given by gomery	13c. CITY OR TOWN Damascus		13d	INSIDE CITY LIMIT	REET ADDRESS	Church	rch Rd.20872					
ORDS, 201 W. PRESTON ST., BALTIMORE, MD.		14. FA	THER'S NAME FIRST Virgi	1	WIDDLE	Barnhouse 166. SOCIAL SECURITY NO. 217-46-5016		15. /	15. MOTHER'S MAIDEN NAME FIRST Catherine					Leith			
		16s. W (YE	AS DECEASED EVE 5, NO, OR (INKNOWN) NO		MED FORCES? WAR OR DATES)				Betty Barnhouse,			Item 13					
		7	Conditions, if gave rise to cause (a) statir lying cause las	ony, which immediate g the under-	DUE TO, OR A	s a con	IND SOOT				hermal bu	urns	30	APPROXIMATE	T AND DEATH		
ITAL REC		CERTIFICATION	19a DATE OF OPER	19b. CONDITI	DITION FOR WHICH OPERATION WAS PERFORMED?							20	AUTOPSY	? NO (/			
DIVISION OF VITAL RECORDS, 201		3	210 EXTERNAL CALL UNDERLYING X CONTRIBUTING 210 INJURY OCCU	OR CAUSE OF E	21b. TIME OF HOUR A.M. DEATH 2:30AM. 21e PLACE O	MONTH 1-11	DAY YEAR		ht in a		efire af				***		
DIV		WE	WHILE AT WORK ON NOT WHILE STREET FACTORY (ARM, ETC.) 22901 Slidel Road CITY OR TOW Comus, Marry									Maryl	and	STATE			
•	CAL EXAMINER THE CERTIFICATION SHOULD BE FOREAL DIRECTOR ATH, WITH THE RE, MARYLANG											DATE 1-		;			
	EXECUTE EXECUTE PAGE 4 TO FUNE AFTER DE BATTIMO	23a. BU	EXAMINER'S NAMI (TYPE OR PRINT) RIAL, CREMATION,	Mar	garita A.		NAME OF CEME		RESS 111		Street						
07/84	BP	(SP	Burial	1	Jan. 16, 198		Layton		е	La	ytonsvil	le,	Montg.	Md.	TATE		
25M	DHMH - 17 (VR A15 ME (5))		olin L.	Molesw	worth, APPRESA	., Da	amascus,	Md.	250. DA	JAN	1 6 1986	REGIST	RAR'S SIGNA	ATURE	والترياس		

100 miles 100 mi herefyen. aninsochua STAND CHECKLE CONTRACTOR 1 -- 1

By . Tanga , callary at a

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	1-	FOR STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND LEALTH AND MENTAL HYG LICATE OF DEATH	REG. NO	2 ! 8	4		
38093		Chicago Co.	FIRST	WIDDIE		AST		MONTH DAY YEAR	28. 110 OK		
58 /	1	My	lie	W.		row		29, 1986	5:15A M		
1	1.58	X	4 RACE	4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIR	MONTHS DA			
1 85	1	Male		White		ot. 23 1904	81	YRS.			
227		RTHPLACE (STATE OR FOR NEW Jersey		7b CITIZEN OF WHAT COUNTRY? U.S.A. 11. NAME OF HOSPITAL, NURSING (IF NOT BY SUCH FACILITY, GIVE STREET A 5516 Center Str		NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUNTY OF DEATH Montgomery 12a USUAL OCCUPATION (Type of work for most or working life) Treasurer 12b. KIND OF BUSINESS OR INDUSTRYWASH GALLIGHT Company				
ON	1	TY OR TOWN OF DEATH	(IF NOT I			DR OTHER INSTITUTION					
	13a. S	STATE 113	s home or other institute COUNTY Montgomer	r other institution give residence before NTY 13c CITY OR TOWN Chevy Ch		13d INSIDE CITY LIMITS?	13. SIREET ADDRESS / ZIP CODE 5516 Center St. 20815				
100	14. F	THER'S NAME FRST David	WIDDIE	MIDDLE LAST Barr		15. MOTHER'S MAIDEN NAME FIRST	ME	Wick	Wickliff		
Pogel to		WAS DECEASED EVER IN YES, NO OR UNKNOWN)	U.S. ARMED FORCE IF YES, GIVE WAR OR DATE		_	3 Mary M. Barrow. Same as item 13.					
nding physic curbon dape , or removal		PART I. DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF DE LUMB LARGE CELL BETWEEN ONSE INTERVAL BETWEEN ON									
t by the offer ease remove of clemation	B	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF META STATIC TO DERI CARDIUM, PERITONEUM, LYMPHATICS									
Then plants to the plants of t	NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
that bear and property of the	THECAT	June 19	85 196 CC	ANCER	OPERATIO	LUNG	20a AUTOPSY? YES □ NO 🔀	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES	SES OF DEATH?		
SCIAN: o physic official near 1835	CAL CER	21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER NOTIFY MEDICAL	JSE OF DEATH HOU	AE OF INJURY R. A.M. MONTH DA P.M.	AY YEAR	21€ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR PART	2)		
offender offender Mer flat of the bur flat and Mer triked or	MEDIC	21d. INJURY OCCURRED	21e, PL/	ACE OF INJURY NE, STREET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE		
CTOR. A Little use of Health		220.1 certify that (1) this hospital) attended the deceased from									
At OR J		22b. SIGNATUR	Merc	W.		PHYSICIAN [MEDICAL STAI	F //	29/86		
FUNER Id be	1	224. PHYSICIAN'S NAM	E (TYPE OR PRINT)		1	22e ADDRESS 214	1 K ST 1	UW, WASH	DC 2003		

DHMH - 16 60M 7/84

BP.

(VRA 15, 4)

Burial 1/31/1986 Parklau

14 FUNERAL DIRECTOR Joseph Gawler's Sons Inco 5130 Wisc. Ave., N.W. Wash., D.C.

TUART FIDLER MA

230 BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial

234 NAME OF CEMETERY OR CREMATORY 23d LOCATION
CITY OR TOWN
Rockville Parklawn Mem. Park Cem.

750 DATE REC'D. BY REGISTRAR 756 REGISTRAR'S SIGNATURE FEB 0 5 1986

Maryland STATE 16 ACCI .acc star

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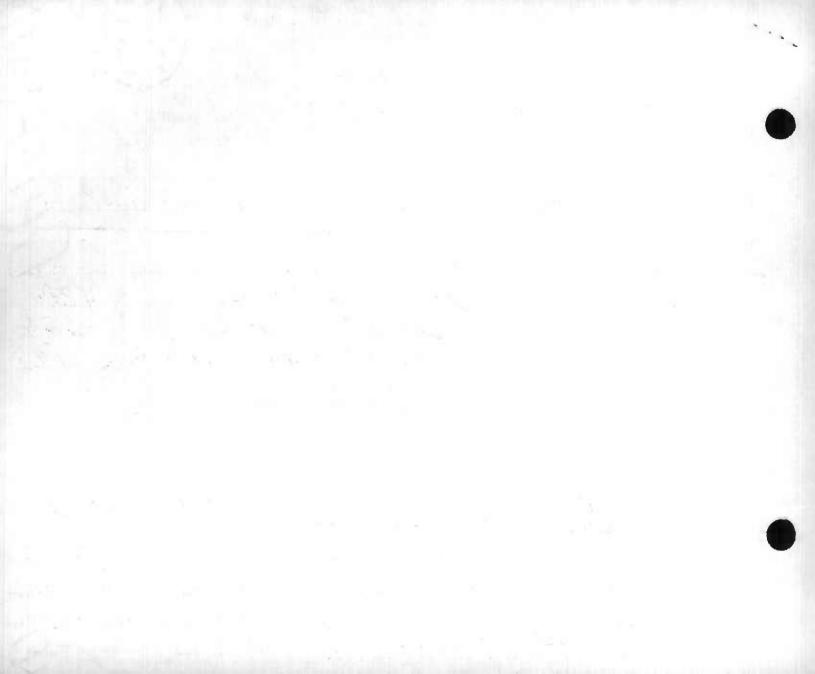
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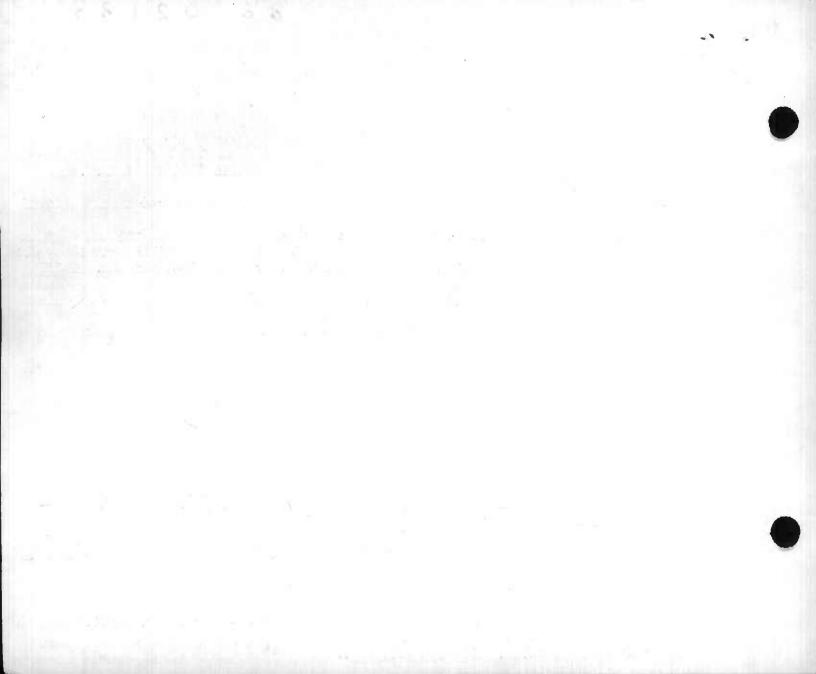
(VRA 15, 4)



STATE UP MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

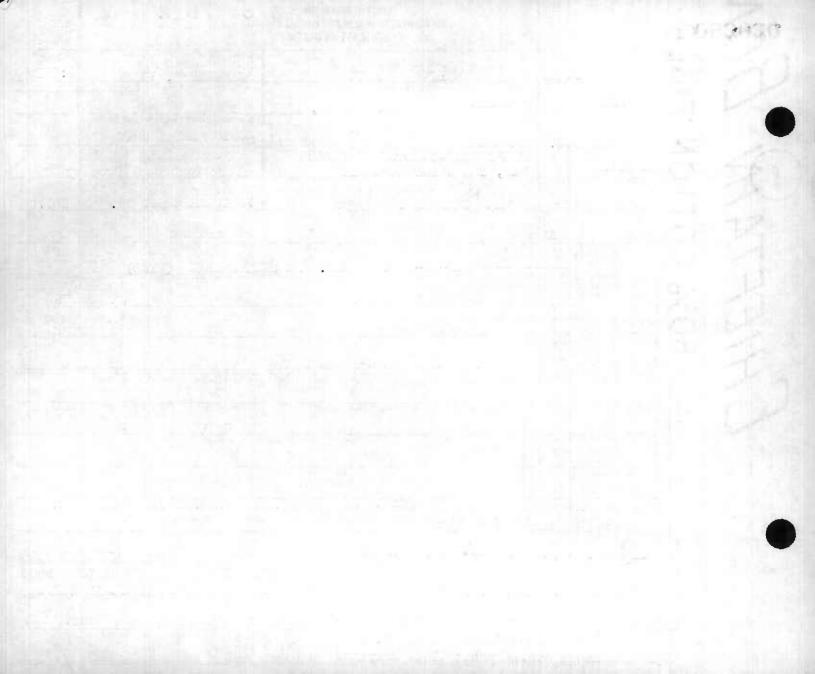
014152	1.	FOR STATE REGISTRAR		HEALTH AND MENTAL HYG IFICATE OF DEATH	REG. NO.	. 0 /
2		CEASED NAME A FIRST	it Maria BeA	RD	20 DATE OF DEATH MONTH	186 1619
ge 4 mg	3. SE	FeMAle	s. Date	C. 21.1886	6 AGE (INYEA LEST HEITHEAT) YRS	IF UNDER 1 YE AR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
A Table	In	laryland	USF) WIDOV		Montgone	ny Co. MD.
1190	5	thersburg &	1. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACULTY, GIVE STREET ADDRESS)	re Center	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	KIND OF BUSINESS OR INDUSTRY
y filled in	11	UD War	other institution give résidence before admission	YES NO	30 STREET ADDRESS / ZIP COO	= 20812 venue
the property of	86	Denjamin	F. Brown	Susan	WIDDIE	Collison
be and or be and	160	VAS DECEASED EVER IN U.S. ARM	MAR OR DATES) 166 SOCIAL SECURITY NO. 519-10-6421	o Ethlynn		olismo 2401
(B)		18. CAUSE OF DEATH (Enter only PART 1. DEATH WAS CAUSED IMMEDIATE	BY: (& & a mone	soular a	scilate	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
of the state of th		Canditians, if any, which gave rise to immediate	DUE TO, ONAS A CONSTDUENCE OF	onthedo	alvasio	yena
and by the please re priod, crem,		cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUENCE OF	M NOT DEL MED TO THE TERM	UNIT DIVERSE DE COMPUNE	//
been tight	ATION	Ma Date OF OPERATION	196 CONDITION FOR WHICH OPERATI	lify or	Anule	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
N. The lo special. Costs has hygenes; B shown	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	216, TIME OF INJURY	21c. HOW INJURY OCCUR		ES NO
Hersicial rights ph his certific the certifi	MEDICAL	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	H HOUR A.M. MONTH DAY YEA P.M. 19 21e PLACE OF INJURY (AT HOME, STREEL FACTORY, OFFICE, FARM, ETC.)		CITA OK 10MM	COUNTY STATE
ADING P	2	AT WORK AT WORK TO 228.8 certify that (1) (this become		prel 191	3 del	/ , that (1) (ye) last
OF ATTE		saw the deceased alive an above, (I) (see intel (did not 22% 58GMATURE	view the body after death	DEGREE	death accurred an the date and ha	22c. DATE SIGNED
HOSPITAL med by th FunERAL uld be deto the Store	1	TIO PHYSICIAN'S NAME (TYPE OR	PRINT	PHYSICIAN 220. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	1/6/86
A OT STATE OF STATE O	73a	The S C'	23b. DATE 23c. NAME OF	CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	CANTY STATE
BP DHMH - 16 50M 4/83	14.5	INERAL DIRECTOR	Man 8,1986 Ced	ear Oluft	E REC'D. BY REGISTIVAR 256, RE	TRAR'S SIGNATURE
(VRA 15, 4)	1	ylor luner	2 Chapel-Honap	olis, MI)	Ann I A man	





(VRA 15, 4)

THE PERSON OF THE PERSON OF THE PERSON work description with the interest work burn in the



STATE OF MARYLAND

1-	FOR STATE REGISTRAR			DEPARTN		EALTH AND MENTAL HYG ICATE OF DEATH	1	REG. NO).		E
{TYPE		NAU	de	L.	Be	L L	20 DATE OF DE	120	186	Y YEAR	820 P
L 5E)	FEMALE		BLAC	K	5 DATE O	DAY YEAR	6 AGE LINYEAR		YRS	NIHS DATS	HOURS MIN.
4	RTHPLACE (STATE OR FI	OREIGN 7b	U.S.A	WHAT COUNTRY?	MARRIED WIDOWEI	-	9 BALTIMORE	O N-	1.1	men >	MD.
S	ilver Spi	ring	(IF NOT IN SUC	FACILITY, GIVE STREET	SS A	FOS pital	120. USUAL OC (TYPE OF WORK FO HOMEN	R MOST OF	WORKING LIFE		F BUSINESS OR
13a. S	AL RESIDENCE IN AURSI TATE IEW YORK	136 COUNTY QUEEN	(/	GIV RESIDENCE BEFORE 130 CITY OR TOWN JAMAICA		13d INSIDE CITY LIMITS? YES X NO [13e STREET ADI		ZIP CODE	SV. 71	1433
4 FA	THER'S NAME FIRST MORRIS	MID	DLE	PARKIN		15 MOTHER'S MAIDEN NA/ FIRST MAUDE		MIDDLE		SCARLE	
	VAS DECEASED EVER (ES. NO OR UNKNOWN) NO	(IF YES, GIVE W		064-07-92	_	MR. RICHARD	E. BELL	ADDRES (AS ITE	
	Canditians, if any, gave rise to imm cause (a), stating underlying cause	which sediate graph the last	DUE TO, OF	PNE VMO. R AS A CONSEQUE	NCE OF					24,	MATE INTERVAL DINSET AND DEATH HOURS
ATION	PART 2 OTHER SIGN URE 190 DATE OF OPERAT	MIA				NOT RELATED TO THE TERM	INAL DISEASE C		CE CO	WERE FINDIN	
TIFIC					Haif.		YES N	o X	IN CERTIFY YES	NG CAUSES	
A	21a ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DEATH	HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATUR	E OF INJURY	IN ITEM 18 PAR	TIORPART2)	
MEDIC	21d INJURY OCCURR	NOT WHILE		OF INJURY BET, FACTORY, OFFICE, FA	ARM ETC)	211 LOCATION STREET		ITY OR TOW	/N	COUNTY	STATE
	220 I certify that (I)	d alive an	20	Jan 19 G	6. on	d that in (pri) apinian of	2, todeath accurred a	in the dat	te and haur	and Iram the	that (we) last causes stated
20	22d. PHYSICIAN'S NA	ME LIVE OF PE	9	94/1		ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL DIRECTOR	STAFI PHYSICI	AN []	21 DATE	lan86

DHMH - 16 60M 7/84 (VRA 15. 4)

24 FUNERAL DIRECTOR
W. W. CHAMBERS

230 BURIAL, CREMATION, REMOVAL

CO. INC.

1-21-1986

23b DATE

CHAMBERS CREMATORY

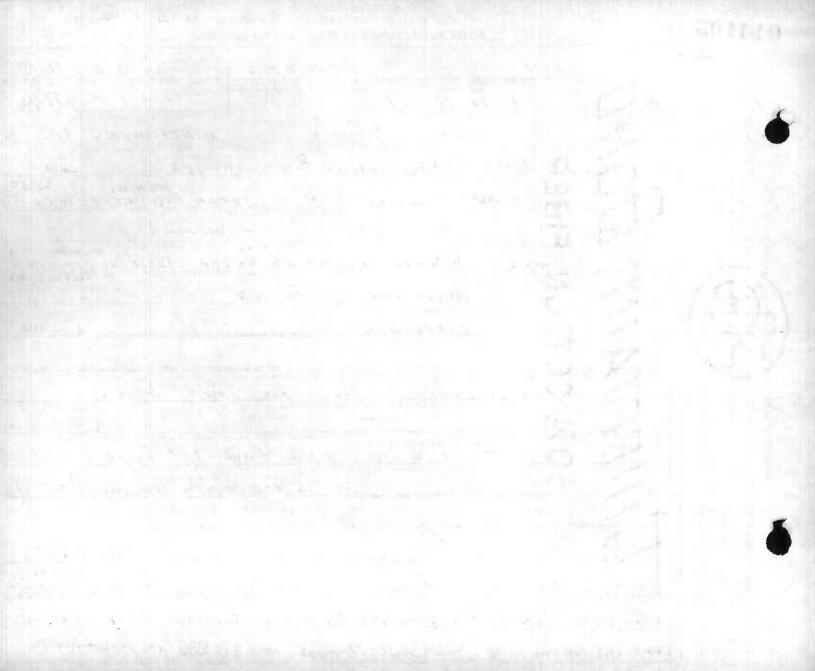
23d. LOCATION
RIVERDALE

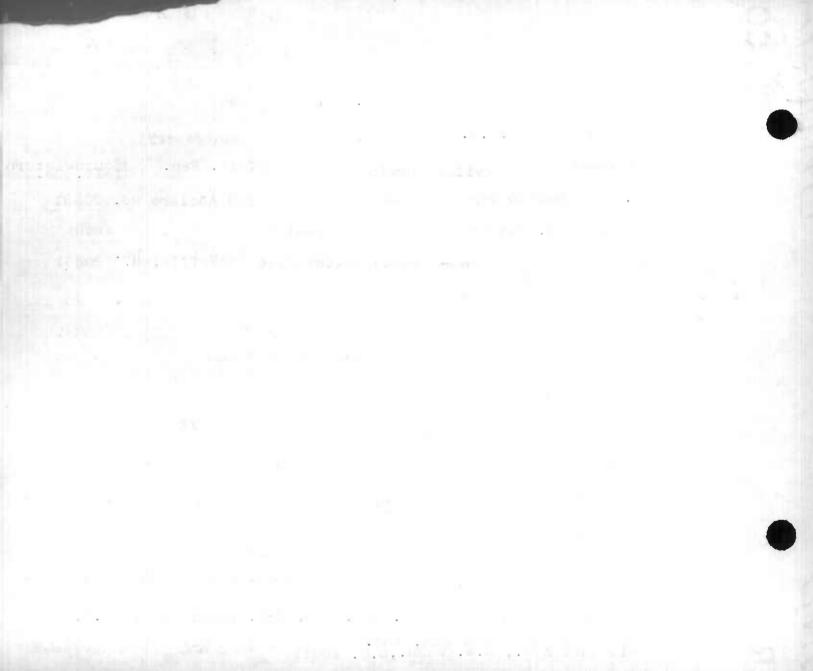
P.G.C.

Md.

CREMATION SILVER SPRING, Md.

	1	FOR	DEPARTMENT OF HEALTH AND MENTA HYDIENE 0 2	9 4
014105	11-	STATE REGISTRAR	MEDICAL EXAMINED'S CERTIFICATE OF DEATH	
10	LDE	CEASED NAME FIRST	REG. NO.	/
10		PE OR PRINT)	OF SCIL	NIH DAY YEAR 26 HOUR
E55.92			00	1 6 19 86 /3 M
PLEA FILE STREET	3 SE	X RACE	5. DATE OF BIRTH MONTH DAY YEAR 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED	TH DAY YEAR 24 HOUR
ON ST		MC	1 16 18 67 YRS. DEAD	6 1986 15 M
38 E E E E	7a B	IRTHPLACE (STATE OR DREIGN COUNTRY)	16. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR CO	UNTY OF DEATH
845 85 T		NY.	USA WIDOWED DIVORCED DIVORCED MONTGOME	Ry Co. MD
る事業者	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORLD FOR MOST OF WORKING LIFE)	ORK 126 KIND OF BUSINESS
APATA /	IR	OCKVILLE	12000 OLD GEORGETOWN RS LAWYER	OR INDUSTRY LAW
A DEL	USU.	AL RESIDENCE (IF IN NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	
# 45 POR	130 5	MD 13b. COUN	The most content of the other modition of the content of the conte	
g tong	14. F	ATHER'S NAME	NIGOMITHY ROCKULLUCT YES NO 1/2000 OLD GES	ORGETOWN 18
# E 29 C	1	FIRST	MIDDLE LAST FIRST MIDDLE	LAST
8883624	160 \	VICTUR WAS DECEASED EVER IN U.S. AR	MED FORCES? 160. SOCIAL SECURITY NO. 17. INFORMANT WARF ADDRESS	
F HE SON			E WAR OR DATES)	APT. N 1301 R
PAGE A		NO N	DNE 1076-12-4162 GENIABENEZRA 12000 C	
		18 CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE	nly ane cause per line far (a), (b), and (c).)	BETWEEN ONSET AND DEATH
Z / TANKAR			TE CAUSE (a) MULTIPLE TRAUMA	ACUTE
E CZZ E SO		73.	DUE TO, OR AS A CONSEQUENCE OF	
E 20249	1	Canditians, if any, which gave rise to immediate		2-3 mo
SE TANKS ▼		cause (a) stating the under-		
E SURGO		lying cause last.	(c)	
AAREN S		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO	
RECORDI LD BE EXE PENDING MEDICA MEDICA S AS A BI EALTH AI	Z	An+		0-41 0
TALREC COLD B RD "PENI HIEF MEI USED AS OF HEAL RIAL CR	MEDICAL CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
VITAL SHOUL CHIEF BE USEE WITOF H	F			
CERTIFICATE SHO STING THE WORD DED TO THE CHIE E 3 SHOULD BE US E DESTAMENT OF PRIOR TO BURK	ER -	210 EXTERNAL CAUSE WAS	216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1.0	YES NO DE
DIVISION OF S. CERTIFICATE RITING THE WEBDE TO THE E.E. S. SHOULD B E. DEPARTMEN OI PRIOR TO	10	UNDERLYING DOR	HOUR AM MONTH DAY YEAR	M PARI 2)
SION SHOULD TO	PC.	CONTRIBUTING CAUSE OF	21e PLACE OF INJURY (ATHOME, 211, LOCATION	R-
DIVISION HIS CERTING WRITING WEADED ARDED INTEREST SOLVER DEPT 201 PR	ME	WHILE NOT WHILE	STREET, FACTORY, FARM, ETC.) STREET	COUNTY A STATE
MAR WAR		AT WORK AT WORK	HOME 12000 OLD GEORGEROUNTID ROCKUI	HET / boit //
ATE SHE STE		220 I certify that I taak charg	ge of the remains described above, held an Autopsy . Inspection . Inquiry . and in m	y apınıan
NEW CHANGE		death resulted fram: Natu	ral causes . Accident . Suicide . Hamicide . Undetermined manner .	,
EXAM CERTIN OUE B WITH MARY			TIGLE (SPECIFY)	
A THOUSE WAY		ACTUAL SIGNATURE	OAMINATION DATE	
SE S		/	medical examiner SK	SNED 1010 6
FE CHE		EXAMINER'S NAME (TYPE OR PRINT)	RAWCHE (MAYLE ADDRESS YOU WASCONSIN AVE.	BETHESDAMA
TO MEDICAL EXAL EXECUTE THE CERT PAGE 4 SHOULD 8 TO FUNERAL DIRE BATTENDER, MARN	23o. B	URIAL, CREMATION, REMOVAL	23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION	
		CREMATION .	CITY OR TOWN	COUNTY STATE
25M	24. F	UNERAL DIRECTOR		's SIGNATURE
DHMH - 17 (VR A15 ME (5))	0	HAMBERS FUNERIA	ADDRESS A LOCK TO A LOCK T	indon findalle
(** ×13 (** (3))	-	144MBERS FUNERA	T HOWE - SIEVELY SHANG WHATHAME COUNTY TO 1200	





FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2	4 moy be	ector, page 3 rs after death
	90	rs of

REGISTRAR I. DECEASED NAME ANIDDI F (TYPE OR PRINT) BLANCHE A. 4 RACE

BETHEA 5. DATE OF BIRTH

Jan. 6. AGE (IN YEARS LAST BIRTHDAY)

REG. NO

20 DATE OF DEATH MONTH 1986 20

26. HOUR

IF UNDER 24 HRS

3. SEX Female

White

76 CITIZEN OF WHAT COUNTRY

MONTH YEAR Nov. 18. 1902

BALTIMORE CITY OR COUNTY OF DEATH

IF UNDER TYEAR

TO BIRTHPLACE ISTATE OR FOREIGN Washington, DC 10 CITY OR TOWN OF DEATH

MARRIED NEVER MARRIED

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION CARRIAGE HILL OF BETHESDA

MONTGOMERY Admin. Asst.

MIDDLE

126 KIND OF BUSINESS OR INDUSTRY US Gov't.

BETHESDA

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
13b. COUNTY
13c. CITY OR TOWN 136 COUNTY 13c. CITY OR TOWN Bethesda Montgomery

13d. INSIDE CITY LIMITS? 15 MOTHER'S MAIDEN NAME

13e.STREET ADDRESS / ZIP CODE 5215 Cedar Lane/20814

MD 4 FATHER'S NAME

MIDDLE G.

Radelfinger 166 SOCIAL SECURITY NO.

Blanche 17 INFORMANT

Peterson ADDRON Wolftree Lane

Frank 160 WAS DECEASED EVER IN U.S. ARMED FORCES?

18 CAUSE OF DEATH (Enter only one couse per line for (a), by and (c PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE

578-20-4311

Katherine K. Layne, Rockville, MD 20852

Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS

CONSEQUENCE OF

RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

CERTIFICATION

MEDICAL

710. ACCIDENT WAS UNDERLYING

HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DE ATH

/DAY

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

19 86

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

20a AUTOPSY?

COUNTY

STATE

21d INJURY OCCURRED 220.1 certify that (I) (this hospital) attended the deceased from

211 LOCATION

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

22c. DATE SIGNED

(Dee (did) did not) view the body ofter death 27b. SIGNA

ATTENDING PHYSICIAN 22e ADDRESS

23c NAME OF CEMETERY OR CREMATORY

DEGREE

MEDICAL DIRECTOR | PHYSICIAN |

DIVISION OF VITAL

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL 1/21/86

5130 Wisconsin Ave. NW. Washington, D.C.

Rock Creek Cemetery 24 FUNERAL DIRECTOR JOSEPH Gawler's Sons, Inc.

Washington, D.C.

SCHOOL OF THE STATE OF THE STATE OF pertol. Strong on the corp. The corp. The corp. I will be to do not consider the corp. The corp.

Sent Sive and Leabeth Hethel Teb. 1, 1909/1 | 1909/1 770 mondo A STATE OF THE STA denoite lace thinking other a mandage our forkaint the mediance Telegraphic file agent 0.70 % out the forest in race end, the first of the result of the The same of the roma, ..., Lot, Their con, C 20016 389E 5 2986 21 9 1 31 E et 1, 1.W., Jundan ten, 00 3 335 wind way, thing the greate min ander deet foint, was fork Toped (awler's Pam, Inc., 9100 isconsing a continuous) refus (1 motorina (.) comev

030021	1.	FOR STATE REGISTRAR		DEPARTMENT OF	TE OF MARYLA HEALTH AND N FICATE OF D	MENTAL HYGIE		2	1 9	8
i il si i		CEASED NAME FIRST OR PRINT) LENA	MIDDLE	BE	VERS	20	REG. NO.	DNTH DAY	YEAR 86	26 HOUR 2 PMM
ge 4 moy	1. SE		4 RACE WHOTH	5. DATE	OF BIRTH	YEAR 1980	AGE (IN YEARS LAST BIRTHD	YRS.	INDER I YEAR	IF UNDER 24 HRS HOURS MIN.
	FA	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT	MARR		ORCED	MON THO			MD.
8	B	TY OR TOWN OF DEATH	GROSVENO	P HEALT	H CHRE	(1	USUAL OCCUPATION TYPE OF WORK FOR MOST OF W FAMSTE	ORKING LIFE)	126. KIND OI INDUSTRY	F BUSINESS OR
142	13a. S	AL RESIDENCE IF NURSING HOME OF STATE 136 COUNTY ASHENGTIND -		SIDENCE BEFORE ADMISSION	13d. INSIDE CIT	NO 🗆	STREET ADDRESS / Z 7306 GA		. Note	U. WASH
ELSON AND THE STATE OF THE STAT		THER'S NAME FIRST HENDY		WARDS	F	MAIDEN NAME	MIDDLE	6	REE	UFEILD
De service de Rose Rose Rose Rose Rose Rose Rose Ros		VAS DECEASED EVER IN U.S. AR YES, NO ORUNKNOWN) (IF YES, GIV	MED FORCES? 166 SC /E WAR OR DATES) 57	17-10-904	JANE	E PHIL	LIPS, 12813	MEADO.	WHELD	DR. 5.5
ST., BAI		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)	nly one cause per line for D BY: TE CAUSE (a)	(a), (b), and (c).)	tory	omest	-		APPROXIA	MATE INTERVAL ONSET AND DEATH
1 W. PRESTON That the death or by the attendor obs remove cach il, cremation, or other traumoric ed by		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF								
RDS, 20 equites 1 Then ple r to burrio injury, or	NON	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIB	RUTING TO DEATH BL	T NOT RELATED	TO THE TERMINA	al disease or condit	ION GIVEN	IN PART 1(o	,
THE four requirements of the four requirements	TIFICAT	190 DATE OF OPERATION	196 CONDITION F	OR WINCH OPERATI	ON WAS PERFOR	RMED	20a AUTOPSY?	Ob. IF YES, W N CERTIFYIN YES	G CAUSES	IGS USED OF DEATH?
CLAN.	CAL CERT	21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A.M. M	RY ONTH DAY YEAI 19	21c HOW IN 3	JURY OCCURRED	(ENTER NATURE OF INJURY II	SITEM 18 PART I	OR PART 2)	
DIVISION OF PHYSICIA CONTROL OF CONTROL OF THE CONT	MEDI	21d. INJURY OCCURRED NOT WHILE AT WORK	21e. PLACE OF INJI (AT HOME, STREET, FACT	URY TORY, OFFICE, FARM, ETC.)	211 LOCATIO STREET	N	CITY OR FOWN		COUNTY	STATE
ATTENDE ATTENDE ATTENDE OF Health		22a I certify that (I) (this haspi saw the deceased alive an above, (I) (we) (did) (did na			and that in (my) (, 19 aur) apinian dea	, ta th accurred on the date	and haur an	O.A.	that (I) (we) last causes stated
Rep		22b. SIGNATURE	Bacher		FI	HYSICIAN D	MEDICAL STAFF	V	22c. DATE S	1.86
O HOSPI O FUNE O FUNE Should be		HADI BA	HAR M	0	8218		si Ane	,		
999899	1000	URIAL, CREMATION, REMOVAL SPECIFY) UPIAL	23b. DATE JAN. 29. 19	-24	Cemetery or CF		23d LOCATION CITY OF TOWN rtonsvill	e. Mo	ntg.	C. Md.
DHMH - 16 50M 4/B3 (VRA 15, 4)	X	Stur Valler	254k	oma Fune Carroll	al Hom	26 DATE DE	2.8 1966			RE

Service Section

- address was

THE PROPERTY OF THE PROPERTY OF THE PARTY OF

- STATE

(VRA 15, 4)

Hubbard Funeral Home, Inc.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Silver I girls the

STATE OF MARYLAND - STATE 010095 REG. NO ECEASED NAME TO DATE KNOWN (TYPE OR PRINT) ESTI-Marie Anna Bischoff DEATH MATED X 1986 4. RACE S DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 24 HRS DATE PRONOUNCED Female. White Oct. 3, 1903 82 DEAD 86 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X USA Germanu Montgomery County DIVORCED B CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Homemaker Rockville 12630 Viers Mill Road, #105 SUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 12630 Viers Mill Road, #105 13d. INSIDE CITY LIMITS? Maryland Rockville Montgomery 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 2630 Viers Mill Friend (YES, NO, OR UNKNOWN) 358-26-6828 S. Crews Rockville, Md. No Janette 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Acute myocardial disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which chronic myocardial disease. gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION None 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? None YES] NO X 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH None 21d INJURY OCCURRED 21e PLACE OF INJURY LATHOME 211 LOCATION STREET, FACTORY, FARM, ETC.) CITY OF TOWN WHILE AT WORK AT WORK COUNTY STATE Inspection X 220 I certify that I took charge of the remains described above, held an Autopsy Notural couses Accident Homicide Undetermined monner PAGE 4 SHOULD B TO FUNERAL DIREI AFTER DEATH, WITI BALTIMORE, MARY TITLE (SPECIFY) Deputy 1/6/86 SIGNATURE 919 Seminary Road John S. Rogers, M.D. Silver Spring, Montgomery County, Md. 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY Cremation 07/84 Metropolitan Crematory Alexandria Francis J. Cobbins, Jr. **DHMH - 17** (VR A15 ME (5))

1 00 8 d. MAL

7557 Wisconsin Ave. Bethesda, MD

STATE OF MARYLANI

26 HOUR :30A M

STATE

Jan. 2. 1986

BALTIMORE CITY OR COUNTY OF DEATH

Montgomery County

176 KIND OF BUSINESS OR INDUSTRY

Own Home

13e STREET ADDRESS / ZIP CODE 5615 McLean Drive/20814

Graff

579-48-3689 Louis F. Bohraus, same as #13

BETWEEN ONSET AND DEATH 8 months years

206. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

COUNTY

22c DATE SIGNED

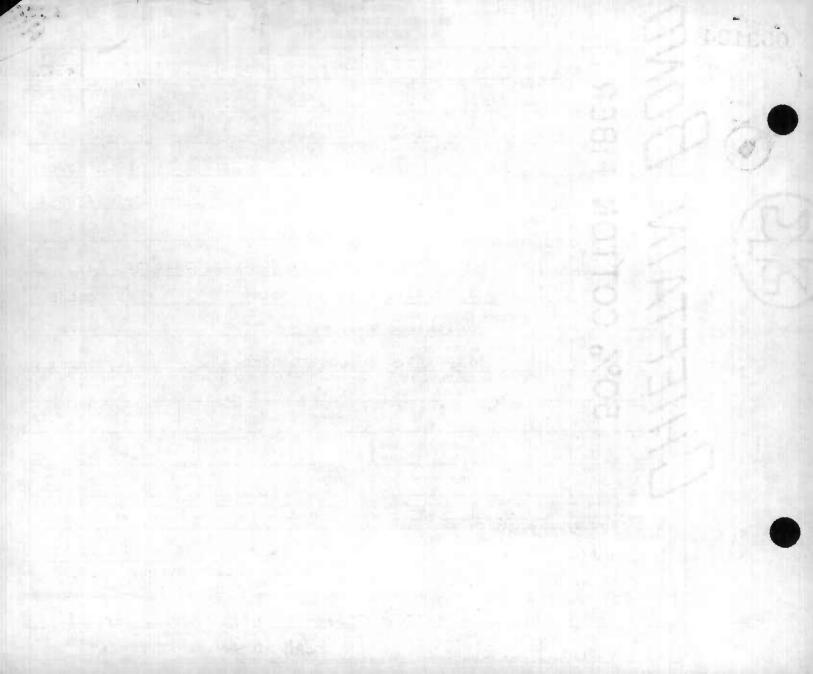
5401 Western Avenue, N.W.

Alexandria, Virginia 24 FUNERAL DIRECTOR Robert A. Pumphrey, Funeral Home 130 DATE REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

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REGISTRAR



Continued in the continued Comment of the second of the second from be Sugar and Japanetus 2 days VALUE CONTRACTOR STATES Francis of the Hold Redding the Memoliana

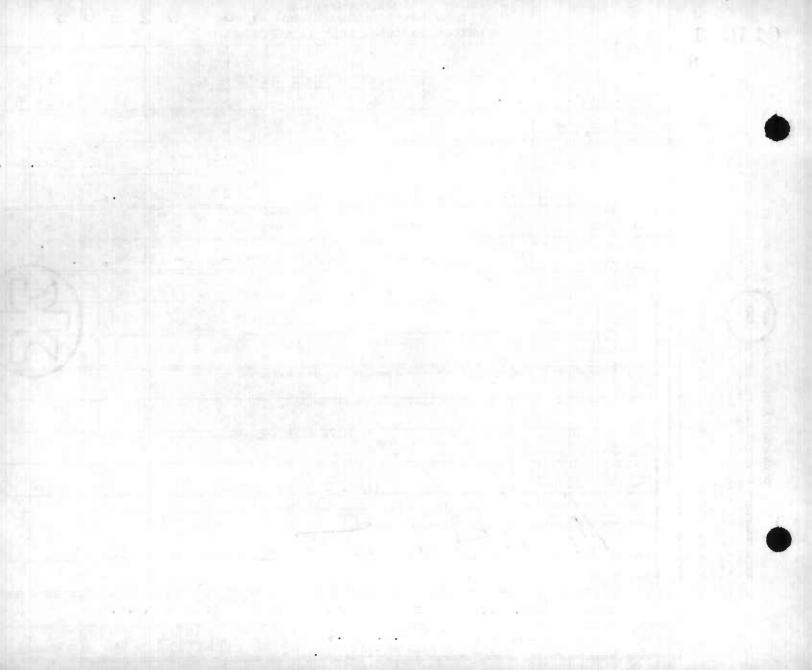
(VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL REGIEN - STATE 014063 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 70 DATE KNOWN DECEASED NAME 76 HOUR OF ESTI- X-E 5 FOR YOUR FILES.

E) WITHIN 72 HOURS

W, PRESTON STREET, M. Flora Bower 19 86 4. RACE 5. DATE OF BIRTH & AGE (IN YEARS | IF UNDER 1 YR. IF LINDER 24 HRS 2d. HOUR DATE 10:55 a M PRONOUNCED 1905 Female White Aug. 16 DEAD To BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVERMARRIED XX Washington, DC USA Montgomery County, 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION (TYPE OF WORK Retired Retired Ins.Soc. Life Silver Spring Holy Cross Hospital Montgomery ilver Spring 13d. INSIDE CITY LIMITS? 10820 Georgia Ave., Maryland VESK 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Anna Benjamin AHDDLE Bowen Fendner 17 INFORMANT 166 SOCIAL SECURITY NO. ADDRES37 Barkley Dr. 164. WAS DECEASED EVER IN U.S. ARMED FORCES? 577-05-9820 A Doris Hilbrun -niece- Fairfax, Va. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Pulmonary embolus complicating blunt trauma Conditions, if ony, which XXX to abdomen gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING TO CAUSE OF DEATH 9:45 XX] 4 19 861 Driver in auto/truck impact 21e PLACE OF INJURY (AT HOME, 21E LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK XX Rt. 29 & Southwood Ave, Silver Spring, Mont, MD road Autopsy X 22a. I certify that black charge of the remains described above, held on Inspection and in my opinion dident X Homicide Undetermined manner TITLE (SPECIFY) Assistant 1/9/86 EXAMINER'S NAME Dennis F. Smyth./M.D. TO MEI EXECUT PAGE A 111 Penn St. Balto.MD. (TYPE OR PRINT) 236 BURIAL CREMATION REMOVAL 236 DATE Jan. 11, 1986 Prospect Hill Cemetery CITY Washington, D. County 07/84 25M 24 FUNERAL DIRECTOR Hines | 11800 N.H. Ave., 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) Silver Spring, Md.



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEASED NAME I. DECEASED NAME JOHN JOHN RACE WHITE AUGU 70. BIRTHPLACE (STATE OF FOREIGN COUNTRY) NEW YORK 10. CITY OR TOWN OF DEATH WHEATON U.S.A. 11. NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 138 STATE MARYLAND MONTGOMERY MONTGOMERY FATHER'S NAME FIRST ALBERT MODIE BRAYMER 180 WAS DECEASED EVER IN U.S. ARMED FORCES? 181 CAUSE OF DEATH (Enter only one cause per line for 101, (b), and icity PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 190 DATE OF OPERATION 190 CONTRIBUTING CAUSE OF DEATH (FEILHER NOTIFY MEDICAL EXAMINER) 210 ACCIDENT WAS UNDERLYING P.M. 190 CONTRIBUTING CAUSE OF DEATH (FEILHER NOTIFY MEDICAL EXAMINER) 210 I CECTIFY that (1) (Number pool of the deceased from WHILE CAUSE IS ALL OF THE P.M. 190 CONTRIBUTING CAUSE OF DEATH AND RESIDENCE FARM ETC. 191 TIME OF INJURY (ALMORE STREET EXCEON, OFFICE FARM ETC.) 192 TIME OF INJURY (ALMORE STREET EXCEON, OFFICE FARM ETC.) 210 I CECTIFY that (1) (Number pool) attended the deceased from WILL OF THE P.M. 210 I CECTIFY that (1) (Number pool) attended the deceased from WILL OF THE P.M. 210 I CECTIFY that (1) (Number pool) attended the deceased from WILL OF THE P.M. 210 I CECTIFY that (1) (Number pool) attended the deceased from WILL OF THE P.M. 210 I CECTIFY that (1) (Number pool) attended the deceased from WILL OF THE P.M. 210 I CECTIFY THAT (1) (The bound of the deceased from WILL OF THE P.M. 210 I CECTIFY THAT (1) (The bound of the deceased from WILL OF THE P.M. 210 I CECTIFY THAT (1) (The bound of the deceased from WILL OF THE P.M. 210 I CECTIFY THAT (1) (The bound of the deceased from WILL OF THE P.M. 210 I CECTIFY THAT (1) (The bound of the deceased from WILL OF THE P.M. 210 I CECTIFY THAT (1) (The bound of the deceased from WILL OF THE P.M. 210 I CECTIFY THAT (1) (The bound of the deceased from WILL OF THE P.M. 210 I CECTIFY THAT (1) (THE P.M. 210 I CECTIFY THAT (1)	ICATE OF DEATH	REG. NO	0.							
		_		AIDDLE DURKER	6770	AYNER AYNER	20 DATE OF DEATH	n. 16	, 1986	26 HOUR
-				m		JST 12,1911	6. AGE (IN YEARS LAST BIR		UNDER 1 YEAR	HOURS MIN.
70. B	RTHPLACE (STATE ORFICEOUNTRY) NEW YORK		76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY O	IERY	F DEATH	WI
W	HEATON		MANOR	CARE WHE	ATON	OR OTHER INSTITUTION	RESERVE SI	eciali	126 KIND C INDUSTRY ST DI	DEPT C EFENSE
13a :	RYLAND	136 COUN	VTY	13c CITY OR TOW	N	13d. INSIDE CITY LIMITS?	136 STREET ADDRESS / 6308 HUNT	ZIP CODE OVER L	ANE	20852
2	ALBERT	900				15. MOTHER'S MAIDEN NA SARAH	MAY		DURF	èc
						MARGARET BRA	AYMER, WIFE, S		ITEM	#13
)	Canditians, if any, gave rise to imm cause (a), stating	which mediate g the	DUE TO, OI	R AS A CONSEQUE	NCE OF	COLON C	ARCINOMI	9	G	months
IIFICATION		13.		_			206 AUTOPSY?	20b. IF YES, V	WERE FIND I	
	OR CONTRIBUTING C	AUSE OF DEA	HOUR A.	M. MONTH DA		21c HOW INJURY OCCUR				
ME	WHILE TO NOT WH	ILE 🗍			ARM ETC	STREET	CITY OR TO	wN	COUNTY	STATE
			Jan.	after death.	<u>6</u> . ar	nd that in (my) (aux) apınıan DEGREE	, to	16 , 19 ate and have a		
	22d. PHYSICIAN'S NA	A. ME ITYPEO	R PRINT)	mD		22e ADDRESS	MEDICAL STAR			16-86
	22d. PHYSICIAN'S NAME [TYPE OR PRINT]					Can EXECUTIVE	FRIUD. ROC	KVILLE	mo	20852

BP. DHMH - 16 60M 7/84 (VRA 15, 4)

the burial-transit per and Mental Hyper

MPQPTANT: If Item 21 is marked TO FUNERAL DIRECTOR. After should be detached for use as with the State Dept. of Health.

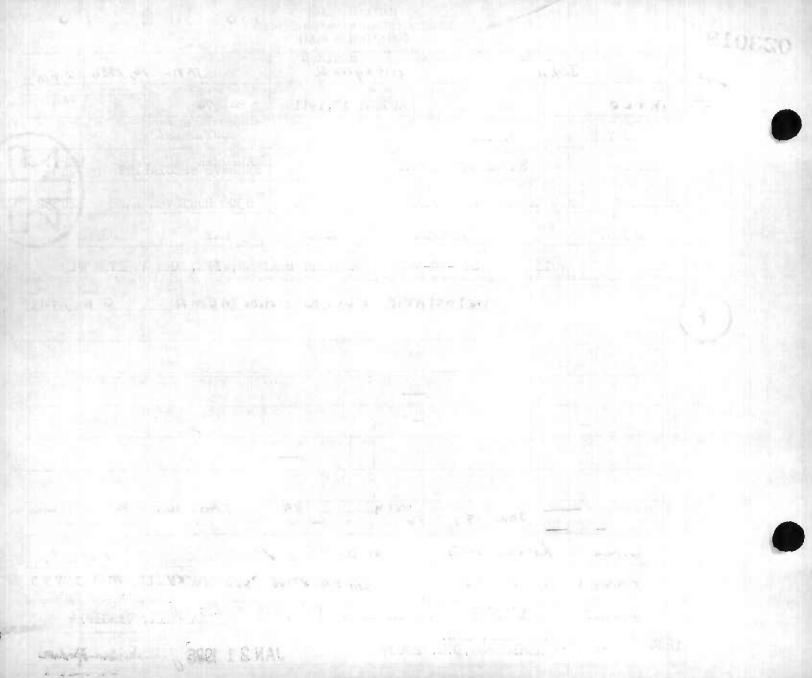
2361/17/86

METROPOLITAN CREMATORY "ALEXANDRIA, VIRGINIA

1804 ST., N.W., WASHINGTON, DAULS 20009

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

JAN21 1986



ly filled in by the funeral director should be filed within 72 hours of

campletely filled

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR				CERTII	FICATE OF DEATH	REG. N	0.		
1		CEASED NAME OR PRINT)	FIRST .TAME:	S MICHAE	T. BRFFN	LAST	JANUARY 6	DAY YEAR	2b. HOUR		
7	3 SEX	x MALE	OTHER.	4 RACE CAUCAS	14-14-14	5. DATE O		6 AGE (IN YEARS LAST BIR	(THOAY)	IF UNDER I YEAR	4:50 A
9	T	RTHPLACE (STATE OR COUNTRY) ENNESSEE		76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOW	D X NEVER MARRIED DIVORCED	9 BALTIMORE CITY O	- RY Co	unty.	M
1		BETHESDA		(IF NOT IN SUC	naval" hos	PTTAI	OR OTHER INSTITUTION	(TYPE OF WORK FOR MOST OR RETTRE)	OF WORKING LIFE	126. KIND O INDUSTRY U.S.A	F BUSINESS OR
6	13a S	AL RESIDENCE (IF NUR STATE YLAND	13b COU		GAITHERS	N	13d. INSIDE CITY LIMITS?	136.STREET ADDRESS 19100 KING		LACE	20879
	14. FA	ATHER'S NAME FIRST JOHN	N J. 1	BREEN	LAST		15. MOTHER'S MAIDEN NA FIRST MARY			LAS	
/		VAS DECEASED EVER YES NO OR UNKNOWN) YES	I (IF YES, GI	MED FORCES? VE WAR OR DATES) 3-1963	166 SOCIAL SECU 286-14-7		PATRICIA A.BE	ADDRI REEN,19100 þ	ESS KINGLE		Ε,
		PART I. DEATH V	VAS CAUSE	nly one couse per ED BY: TE CAUSE (0)	PULMONAR		GAITHERSBURG	, MD 20879			MATE INTERVAL ONSET AND DEATH
		Conditions, if any gove rise to im- couse (a), stati- underlying couse	mediote ng the	(b)	R AS A CONSEQUE						
	ATION	PART 2 OTHER SIG	NIFICANT	CONDITIONS <u>CC</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIV	EN IN PART 110	5
2	CERTIFICAT	19a DATE OF OPERA	TION	19b CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	, WERE FINDIN	
)	CER	21a. ACCIDENT WAS UN	DERLYING [216. TIME O	FINJURY	V VEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	ART 1 OR PART 2)	

JANUARY 6

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M 21e PLACE OF INJURY

(AT HOME STREET, FACTORY, OFFICE, FARM ETC.)

211 LOCATION

CITY OF TOWN COUNTY STATE

sow the deceased alive on

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER)

NOT WHILE

22d. PHYSICIAL NAME (TYPE OR PRINT)

230 BURIAL, CREMATION, REMOVAL

23h DATE

220.1 certify that (1) (this haspital) attended the deceased from

USNR

220 ADDRESS NAVAL HOSPITAL , NAVAL MEDICAL COMMAND,

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

CITY OR TOWN

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

22c DATE SIGNED anway 86

MPORTANT

(SPECIFY)

NATIONAL CAPITAL REGION.

BETHESDA, MD 20814 23d LOCATION

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

certificate has and Mental Hygiene

FUNERAL DIRECTOR:

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MEDICAL

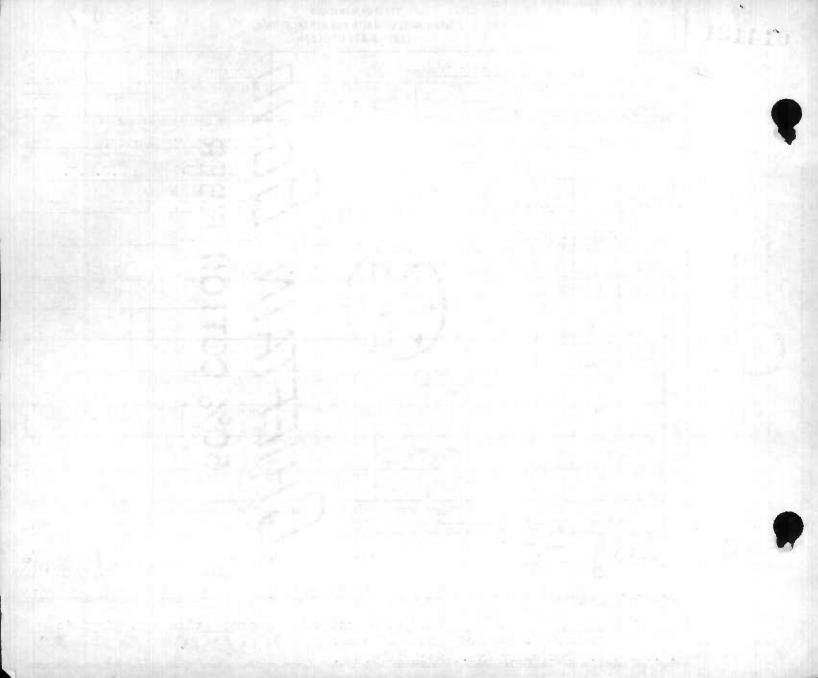
January 1986 Burial Arlington National Cemetery 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes,

300 W. Montgomery Ave., Rockville, MD.

DEGREE

23c NAME OF CEMETERY OR CREMATORY

Arlington, Virginia



St. Topicotti Tr. Science

STATE OF MARYLAND

recall the recall the second the

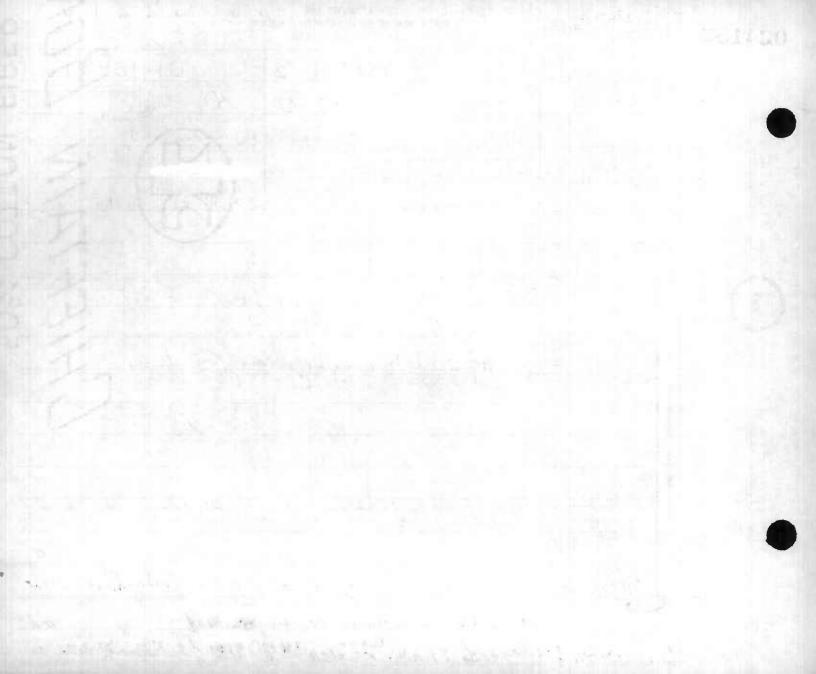
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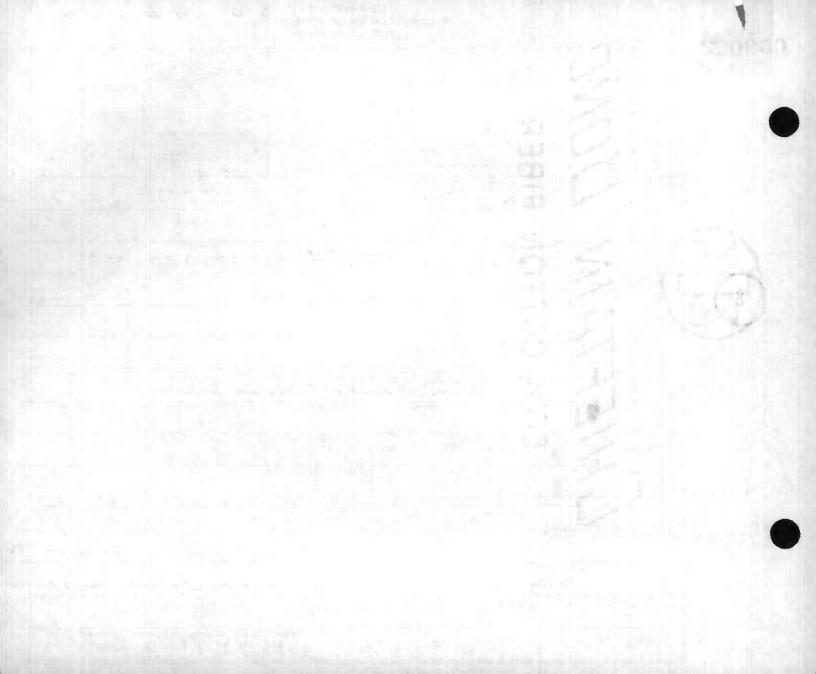
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE.

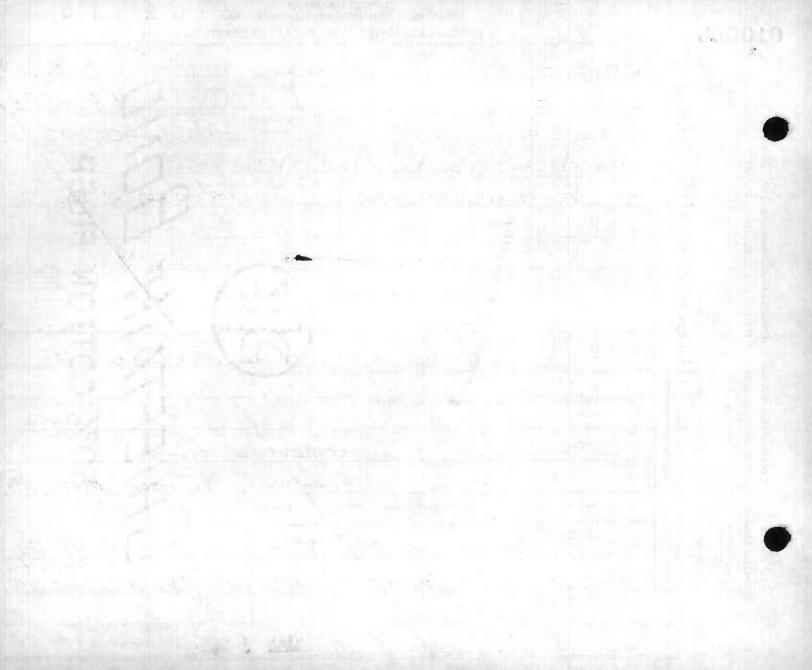
- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH 26. HOUR DECEASED NAME TYPE OR PRINTE January 6, 1986 Edward H. Brown 1:58 & AGE (IN YEARS LAST BIRTHDAY) IF LINDER 1 YEAR 3 SEX 4 RACE 5 DATE OF BIRTH IF LINDER 24 HRS. 1918 OCT 67 White Male BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE I STATE OF FOREIGN THE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Tenn. USA Montgomery WIDOWED I CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 20 USUAL OCCUPATION 126 LIFE INDIVIDUAL OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS Olney Montgomery General Hospital Peck Co. Broker USUAL RESIDENCE | IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION | 130 STATE | 1136 COUNTY | 1136 CITY OR TOWN Olney 13d INSIDE CITY LIMITS? 13. STRET ADDRESS ROLLING Acres Way Md. Mont. YES TX 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDOLE Ethel MIDDLE William Brown H. Farmer ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 220 34 8105 H. Jean Brown (Wife) Same as 13E US Navy Yes APPROXIMATE INTERVAL 18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY Congestive HEART Failure 2 weeks DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Obstructie Pulmonary Disease 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 90 DATE OF OPERATION 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART ?) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR LIE EITHER NOTIFY MEDICAL EXAMINERS P.M 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OF TOWN STATE AT HOME STREET FACTORY, OFFICE, FARM, ETC.) NOT WHILE December 220.1 certify that (1) (this-hospital) attended the deceased from JANVAMy 6 and that in (my Hour) apinian death accurred an the date and hour and from the causes stated 37h SIGNATURE DEGREE 22c. DATE SIGNED -lanuary, 6, 1986 ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN M.D 22e ADDRESS 22d. PHYSICIAN'S NAME (TYPE OF PRINT) BARLINU HECHY 3929 FERRARA DRIVE WHEATON, MANYLAND 20406 Arlington Cemetery 230 BURIAL, CREMATION, REMOVAL And Angton, Vacounty STATE 11800 New Hamp Ave.

DHMH - 16 60M 7/84 (VRA 15, 4)

Hines/Rinaldi Silver Spring, Md.



		1	FOR		STATE OF DEPARTMENT OF HEALT	MARYLAND SALE	0 2 2	1 3
0.4	2005		STATE			CERTIFICATE OF DEATH		
Ui	0000 X		CEASED NAME FIRST	1416	MIDDLE		REG. NO.	DAY YEAR 25 HOUR
	W = 1 0 . 8	(TY	E OR Paul	Doro	thy 3		OF ESTI-	2 -1 B
	SA CIETA	3 SEX		5 DATE OF BIRTH		Charter	DATE MONTH	0 19 86 113 M
	T SEE B	E		MONTH DAY	YEAR LAST BIRTHDAY)	THE DAYS HOURS MIN. PRON	NOUNCED /	3 0/ 1/3/
	SZ S			76. CITIZEN OF WI	,1905 80 RS.		LTIMORE CITY OR COUN	J 198 (SVI AM
	S S S E S	FC	REIGN COUNTRY)		MAR	RIED NEVER MARRIED	nontain	M a m
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	T SEGHA	1	le en dia	(IE NOT N SUCH FA	CILITY, GIVE STREET ADDRESS)	FOR MOST O	F WORKING LIFE)	OR INJUSTRY
	S B S S	USUZ	I RESIDENCE LIE IN NURSING HOME	OR OTHER INSTITUTION OF	DUN LOS	105 pitell Home	maker /	Own Home
1201	F SEE SE	13a S	TATE 136 COUN	ITY	13L CITY OR TOWN	134 INSIDE TY LIMITS? 130 STREET A		7 6
0.5	T ACE TO	14.5		1 60 MERY	BETHESDA	YES NO X 5808	WALTON	160
W.	E-368-H	14.67	FIRST	MIDDLE	MaCanara	IS. MOTHER'S MAIDEN NAME	MIDDLE	LAST
ORE	BUSTO	140 1			McGraw Tibb SOCIAL SECURITY NO.	Susan	ADDRESS	Coe
TIM	ON SERVICE AND	10d.	ES, NO, OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)				""
8AL	PACIN PACIN				579-20-8416	Berty Louise	Brubaker,	same as #13
ST.,	S N N N N N N N N N N N N N N N N N N N		DADT I DEATH WAS CALICE	D BV				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
O.	A SESSIVE N	7	IMMEDIA		AS A CONSEQUENCE OF	RY ARREST		
5	Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	1	Canditians, if any, which	1				
7	NE PER SE		gave rise to immediate	(b)	AS A CONSEQUENCE OF	EMBOLISM		ACUTE
2	B 2 2 2 2 2 1		lying cause last.	DUE 10, OK	4	CAN		1100
	DE LE		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	TERIOSCHEROTO		HR DISCASE	- Ay
ORC	MAULTS	Z	TAKE I STORE STORE (CAR) CONDITIONS	CONTRIBUTING TO GEATH	BOT NOT RECEITED TO THE TERMINAL DISEN	ISE OR CONDITION GIVEN IN PART I I a		0
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	ME BELLE		death resulted from: Nutu	glanni, .	Accident Suicide	, Hamicide Undetermine	d manner .	
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	SHE SHE	1	SIGNATURE -	eccen	mugen	M.D. MEDICAL E		7 10 6
	AED ON THE PROPERTY OF THE PRO		EXAMINER'S NAME	west de	MALLE	ADDRESS 820 WIS CANSICO	Mr. Roth	I wed a less
	PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	23a B	IRIAL CREMATION REMOVAL		1230, NAME OF CEMETERY		m uq per	as A pary
077.00		(:	Burial	8, 1986	· Cedar Hill	CITY OR TOW	N COUI	
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DIVISION OF VITAL RECORD TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXIT TO RULE SERVICION OF THE WORD "PENDING" TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BIATIMORE. MAINTHE STATE DEPARTMENT OF HEALTH A BALTIMORE. MARYLAND. 21201 PRIOR TO BINSLAL CRETAR.		75	57 Wisconsin	Ave Ret	hesda MD 200	HOMESIAN 8 1994	R	- Jungsalle
	(("TOCOHOTH	ACC. Det	ilesua, MD 200	DIALLA TOTAL	0	



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE

STATE OF MARYLAND STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFIC ATE OF DEATH

REG.	NO

	REGISTR	AR			CERTITION	IL OI DEAT	"	REG. N	٥.				
	ECEASED N	AME FIR	51	MIDDLE	LAST			20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOU	JR A	
- In	PE OR PRINT)	M	IRIAM ELIZ	RIAM ELIZABETH BRYAN			800	JANUARY 7	б	4:3	4 A		
3. SEX			4 RACE		S. DATE OF BI	RTH		6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YE		24 HRS	
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		(STATE OR FOREIG	76 CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRI	0	9 BALTIMORE CITY		Y OF DEATH			
P	ENNSYI	VANIA	UNITED	STATES	WIDOWED X			MONTGOMER	RY CC	UNTY,		MI	
		WN OF DEATH		HOSPITAL, NURSIN		THER INSTITUTION	NO	12a USUAL OCCUPATI			OF BUSINE	ESS OF	
В	ETHESI)A		NAVAL HOS				HOME MAKE			Home		
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_	FATHER'S N					MOTHER'S MAIL		\E				112	
J. GEORGE NEUER					1907	FIRST	ET OP	ENCE E. YOU	INC		LAST		
160		ASED EVER IN U	S. ARMED FORCES?	166 SOCIAL SECUI	RITY NO. 17			Villiam DORE		Tr	Son		
(1F YES, G			YES, GIVE WAR OR DATES)								New Jersey 0790		
F	Y					y WILLECK	wood_	DIIVE, Dum	mI Com		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
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	DUE TO, OR AS A CONSEQUENCE OF									- N. C.			
		ns, if ony, whi		PULMONAR	Y EDEMA		34.19						
1	gove rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF												
	underly	underlying couse lost (c)								100			
	PART 2.	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN							VEN IN PART	110			
O Z			7 11 110										
CERTIFICATION	190 DATE	OF OPERATION	196 COND	ITION FOR WHICH	OPERATION WAS PERFORMED 2			200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?			D		
E	150							YES NOTE		ES T	NO [
1 8	21a. ACC#	ENT WAS UNDERLY				. HOW INJURY	OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 7	')		
	00.500175	BUTING CAUSE	OF DEATH	M. MONTH DA									
MEDICAL	214 IN H	NOTIFY MEDICAL EX	21e PLACE		19	LOCATION						_	
WE	WHILE	NOT WHILE		REET, FACTORY, OFFICE, FA		STREET		CITY OR TO	WN	COUNTY	S	STATE	
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			hospital) attended th		JANUAR		86	10 JANUAR		19_86	, that (1) (s	we) lo	
13	obov	the deceased of e_(l)_(we) (did) (i	did not wew the body	ofter death.	86 , and th	at in (my) (our) o	opinion d	eath occurred on the de	ote and ho	ur and from t	he couses sto	oted	
	776, 51Gp	AJURE	12		DEG	REE			/	22c. DA	TE SIGNED		
1	9	2.4	(27		MT	ATTENI		MEDICAL STAL		19:	TAN81	6	
1	22d. PHYS	ICIAN'S NAME	(TYPE OR PRINT)		1220			HOSPITAL,				-	
	G	A CALL	EJA, LT, M	C IISNR	N			ITAL REGION					
230		EMATION, REM				TERY OR CREMA		T23d LOCATION	, DL1	IIILODA,	TID Z	001	
230	(SPECIFY)		Janua:	ry 13,				CITY OR TOWN		COUNTY	5	TATE	
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24					eral Ho	mes,		REC'D. BY REGISTRAR					
24 P	FUNERAL D	RECTOR Robe	ert A. Pump	phrey	eral Ho	mes,							

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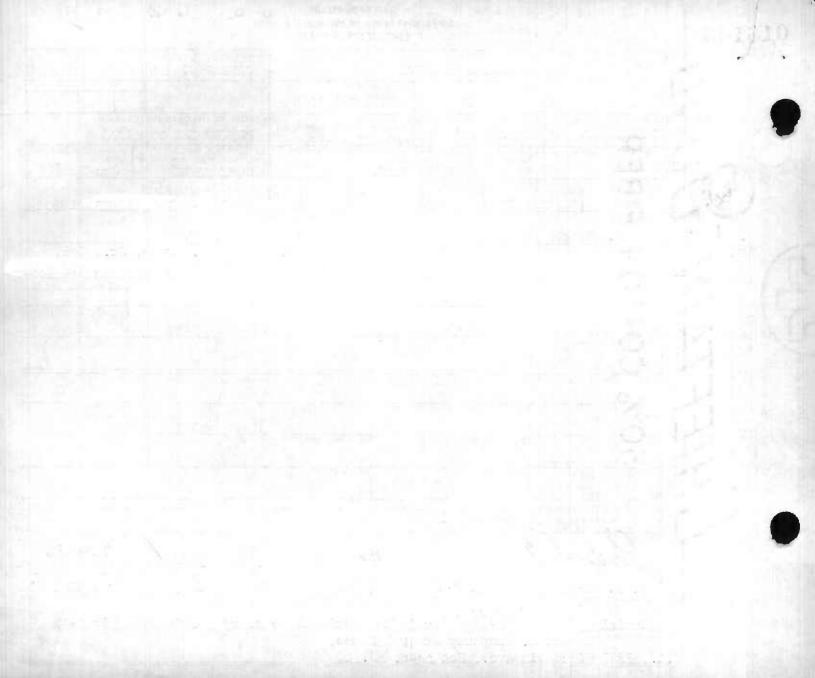
TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and assistanded be detached for use as the burnal-transit permit. Then please remove carbon papers. Paget I with the State Dept. of Health and Mental Hygiene prior to burnal, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be

etoined by the haspital or ottending physician.

DHMH - 16 60M 7/84 (VRA 15, 4)

7557 Wisconsin Ave., Bethesda,



035135

STATE OF MARYLAND - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR REG. NO DECEASED NAME LAST 20 DATE OF DEATH MONTH 2h HOUR TYPE OR PRINT! GEORGE GRAYDON BURGESS JANUARY 25, 1986 10:15A M 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MALE WHITE OCTOBER 1924 BIRTHPLACE ISTATE OF FOREIGN TO CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Missouri U.S.A. DIVORCED MONTGOMERY COUNTY WIDOWED

CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) BETHESDA NIH. THE CLINICAL CENTER USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)

Montgomery

MARYLAND

4 FATHER'S NAME

1

Dr

by

Cleared

CERTIFICATION

POTOMAC YES X

13e STREET ADDRESS / ZIP CODE 10209 WINDSOR VIEW DR. 20854

Retired Industrial Research

Francis Burgess 166 SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes OR UNKNOWN

17 INFORMANT

15 MOTHER'S MAIDEN NAME

Irma

MRS. JEAN C. BURGESS

12a USUAL OCCUPATION

MIDDLE

same as 13e SAME AS PT. (WIFE

Gravdon

12b. KIND OF BUSINESS OR

Pschologist-

STATE

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)
PART I, DEATH WAS CAUSED BY: Cardiac arrest IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF S/P Aortic valve replacement Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse

495-32-0060

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0

1/17/86	Aortic insufficien		YES T		IN CERTIFYING		
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21¢ HOW INJURY OCCURRED) (ENTERNA	ature of injur	Y IN ITEM 18 PART I	ORPART ?)	
21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM ETC.)	211 LOCATION STREET		CITY OR TOV	vn (COUNTY	STATE

220.1 certify that (K (this hospital) attended the deceased from October 15 19 /8 to January 25 19 86 that X (we) lost sow the deceosed olive on January 25 _19_86___, and that in 💥 (our) opinion death accurred on the date and hour and from the couses stated oboyp, (K(we) (did) (KAXXI) you the body ofter death DEGREE 22c DATE SIGNED 26 66 PHYSICIAN DIRECTOR PHYSICIAN

22e ADDRESS NATIONAL INSTITUTES OF HEALTH

CLINICAL CENTER, BETHESDA, MD 20892 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 1/30/86 Bell Fountain Cemetery St. Pours, Missouri Burial

1331 Rockville Pike, Rockville, Maryland 20852

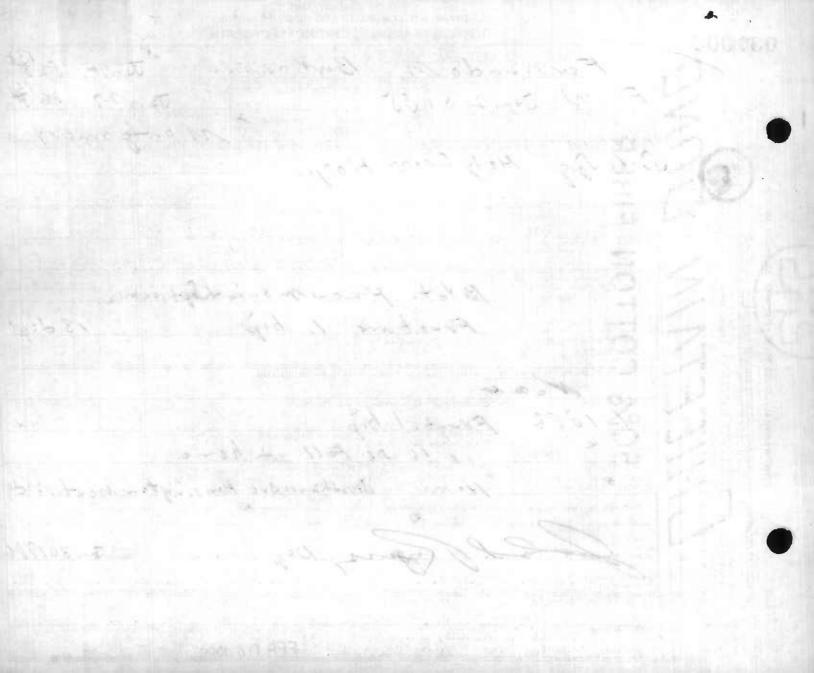
250. DATE REC'D. BY REGISTRAR 266 REGISTRAR'S SIGNATURE

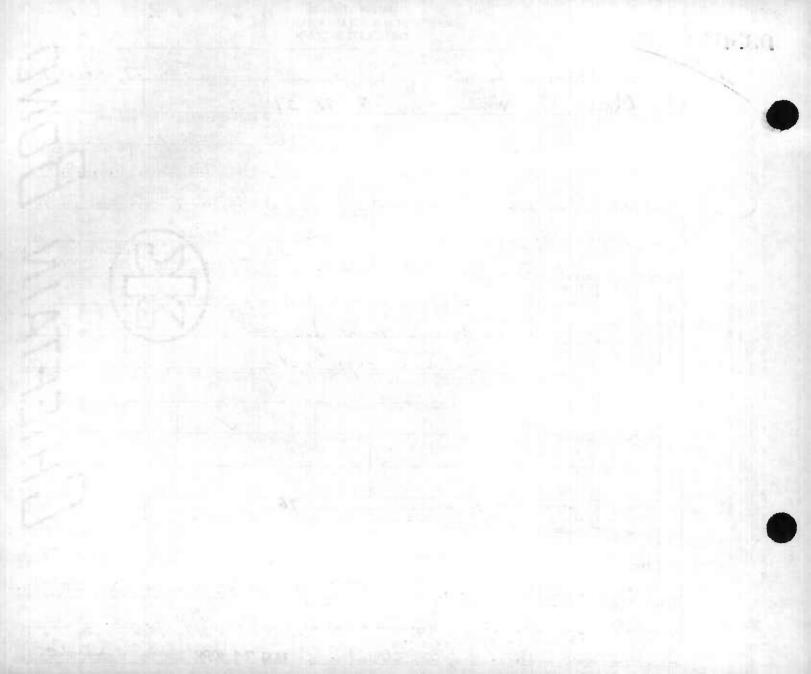
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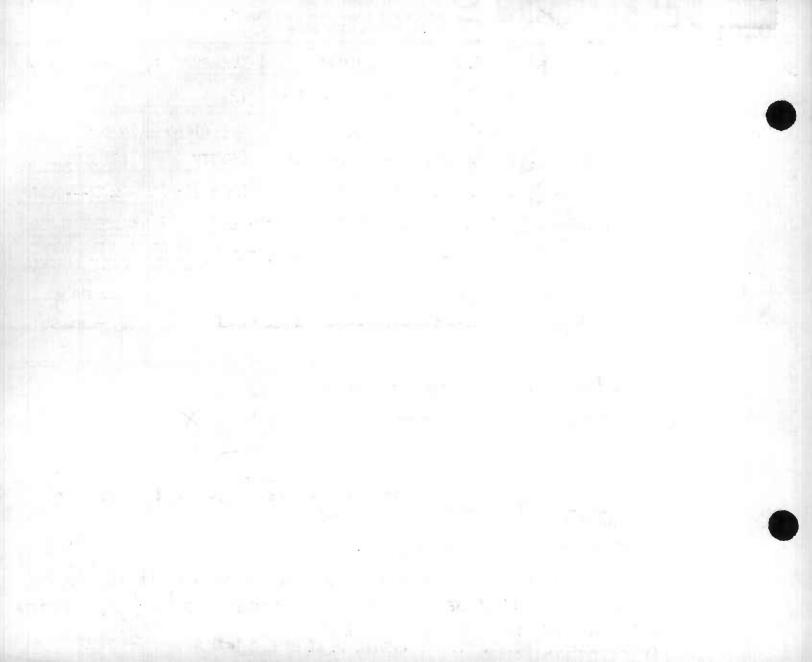
V6.1-5388

STATE OF MARYLAND - STATE RECHSTRA REG NO 037006 ASED NAME 2a DATE KNOWN MARGARET MARY OF ESTI-BURNS 4 RACE IF UNDER 1 YR DATE YRS. PRONOUNCED BIRTHPLACE FOREIGN COUNTRY Washington D.C. 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK Religious Nun 13e STREET ADDRESS Montgomery 5000 Strathmore Avenue Maruland Kensington 20895 15. MOTHER'S MAIDEN NAME John Joseph Burns Elizabeth Sagridan Margaret 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO Superior (IF YES, GIVE WAR OR DATES) (YES, NO. OR UNKNOWN) 025-40-9212 Catherine No C.S.C. Same as CAUSE OF DEATH (Enter only one cause per line for (a)/(b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Conditions, if any, which gove rise to immediate couse (a) stating the underlvina cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 III CERTIFICATION c 22 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [NOV HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 19 8 21e PLACE OF INJURY NOT WHILE AT WORK AT WORK a mi 22a I certify that I taak charge of the remains described above, held an and in my apinion PAGE 4 SHOWER TO FUNERAL DIRECTO AFTER DEATH, WITH I RATTIMORE, MARYEN Accident P Suicide Hamicide Undetermined manner TITLE (SPECIFY) DATE N 301986 MEDICAL EXAMINER EXAMINER'S NAME John S. Rogers, 1919 Seminary Rd. Silver Spring, Md. 230. BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY) COUNTY STATE Mt. Olivet Cemetery Washington. 07/B4 BP 25M DIRECTOR Francis J. Collins, Jr. **DHMH - 17** 500 University Blvd. West Silver Spring. Md. (VR A15 ME (5))





020161	FOR STATE REGIST	RAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE O REG. NO	2218
	1. DECEASED I	0	MIDDLE	LAST	10.00.00	ONIH HAY YEAR 26. HOUR
tay be page 3		ROS	B.	CAHN	JANUARY	9, 1986 3 Am
ge 4 m ector. s irs ofter	FEMAI	.E	WHITE	JUNE 23 1892	6. AGE (IN YEARS LAST BIRTH	MONTHS DAYS HOURS MIN.
death. Po funeral dir thin 72 hou	NEW S	E STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR	TGOMERY MD
by the	TAKOME	PARK	HERITAGE HEAD	H CARE CENTER	120 USUAL OCCUPATION OF CHARITY	N 124 KIND OF BUSINESS OR WORKING LIFE) DEWIESH ORGANIZATION
filled in hould be	MARY	AND MONT	GOMERY SILVER	SPRING YES NO	130 STREET APORTS VI	OVER COURT 20906
completely 1 and 2 sh	14 FATHER'S N	RST CERTAINABI	Ê) (UNASCERTA	INABLE) (UNASCERTA	AME VINABLE) MIDDIE	(UNASCERT'AINABLE)
Pages 1	160 WAS DEC	EASED EVER IN U.S. A UNKNOWN)	RMED FORCES? 166 SOCIAL SECULAR SOCI		FRADIN, SIL	HED SOUTHIG MADVIAL
by the other ingentry secure of the troumotic event, the other events	Candit gove	Ons, if ony, which	DUE TO, OR AS A CONSECTION OF THE CAUSE (b) CONSECTION OF THE CAUSE (C)	monia verse of relascular acc	ident	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH I day 2 mos
an. hos been signed t permit. Then plex ene priar to buria ows any injury, ar	PART 2	OTHER SIGNIFICANT LTHEVOSC OF OPERATION	lerotic he	DEATH BUT NOT RELATED TO THE TERPORT OF THE TERPORT	200 AUTOPSY2 YES NO	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\begin{array}{c} NO \(\begin{array}{c} \ext{NO} \\ \ext{O} \\ \ext{O} \\ \ext{NO} \\ \ext{O} \\ \
certificate h rrial-transit ental Hygier Item 18 shav	OR CONI	DENT WAS UNDERLYING RIBUTING CAUSE OF D		DAY YEAR	RRED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2]
and Men and Men ked or He	0	JRY OCCURRED NOT WHILE ALL WORK	P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE)	19 ZII. LOCATION STREET	CITY OR TOW	N COUNTY STATE
TOR: Aft for use as of Health 21 is mar	220.1 ce	tify that (1) (this has	n December 19 19 19 view the bady ofter death.	25, and that in my (our) opinion		
AL DIRECTOR detoched for us ote Dept of He IT: If them 21 is	22b. SIG	Sishhe	elulanto	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICE	
TO FUNERAL should be det with the State	3	SUSAM L	eibenhaut	M.D. 6525 Be	Icrest Rd.	Hyatkville, Mil.
P	BURT	REMATION, REMOVA	1/12/198 6 k	NAME OF CEMETERY OR CREMATORY	GARDEN OF TOW FAI	LS CHURCH, VIRGINIA
- 16 50M 4/B3 /RA 15, 4)				L FUNERAL HOME 250 DA	TE REC'D. BY REGISTRAR 2	Sb. REGISTRAR'S SIGNATURE



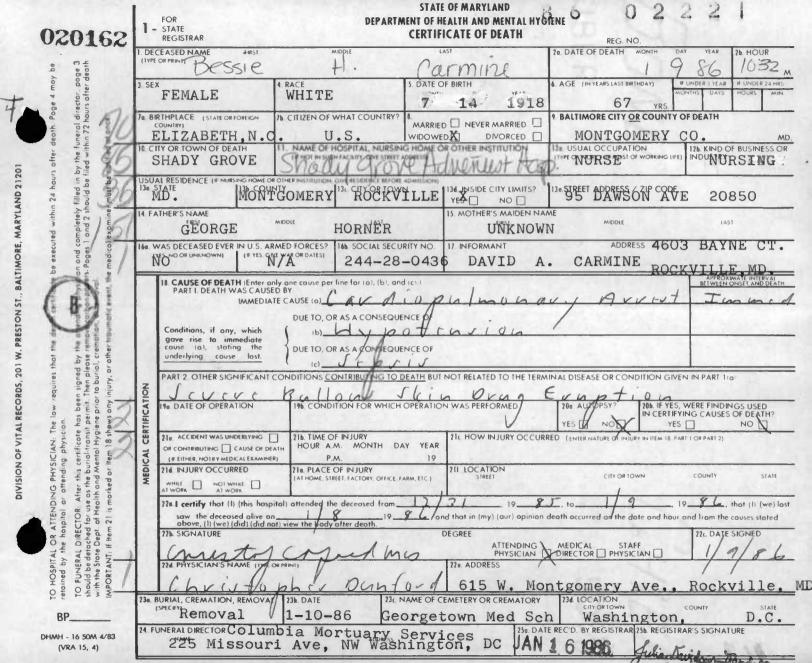
014014	1.	FOR STATE REGISTRAR	DEPARTA	MENT OF HE	ALTH AND MEI	NTAL HYG		d da	dia I	7	
L , 75		CEASED NAME FRII	-001	0-"		, 1	N. DATE OF DEATH	MONTH DA	A SECTION AND ADDRESS OF THE PARTY OF THE PA	th HOUR	-
4 may b	1.58	male	Delwyn	3. DATE OF	BIRTH DAT	VEAR	LAGE (HITEMSTA)TER	HOATI FO	86 UNDER I HEAR	# UNDER SE HEL	<u>M</u>
2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	70. B	RTHPLACE ISTATE OF FOREST	TA CITIZEN OF WHAT COUNTRY?	MARRIED	Control of the Contro	税差ロー	BALTIMORE CITY O		FDEATH		-
	5	TY ON TOWN OF DEATH	The state of the s	ADDRESS)	Prod.	Annual Control	12a USUAL OCCUPATI (1198 OR WORK FOR MOIST O	ON P	INDUSTRY.	BUSINESS O	
The state of the s	13n.	AL RESIDENCE IN MUNICIPAL COOR	HOLV CROS.	N. I	IN INSIDE CITY	TIWILES	Retire	ZIP CODE	9	nal Tr	
15/1/6	Contraction		Hyattsvi		IS MOTHERS M	AIDEN NAM	2613 Kirkv	1000 PL	E 140		202
and com		Walter WAS DECEASED EVER IN U.S. ARE TES HOOKUMANDAME YES,	9 WAT OR DATES	RITY NO	Aug 17 INFORMANT Prances	custa C A		852613	Ram Kirkwo sville	od Plac	ce
		18. CAUSE OF DEATH :Enter on PART I DEATH WAS CAUSE	ly one couse per line or by by one	2 1	Tances	1 Ri	Arto	nyacu		RATE DITEVAL RISET AND DEATH	Ξ
(B)		Conditions, if any, which gave rise to immediate	DUE TO, OR AS A CONSEQUE	NCE OF),					3
as that the est by the please territoria.		course lost starting the underlying course lost	DUETO, OR AS A CONSEQUE							1.5	
been upon mit Then prior to bu	CERTIFICATION	THE DATE OF OPERATION	ONDITIONS CONTRIBUTING TO D				NAT DISEASE OR CON	120b. IF YES, V	VERE FINDIN	GS USED	_
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FISCIAN Sing physics consisting Membility Membility	MEDICAL C	ON CONTRIBUTING CHUTE OF DEA OF EITHER NOTIFY HEDE AL EXAMPLE 214. INJURY OCCURRED	HOUR A.M. MONTH DA	Y YEAR	TH. LOCATION	The section	SECTORIES CONTROLLES ATTEN	2.429911111221	13911/11/41		
SNG PH or other the or or the B oth and I	ME	ATTEN O STORY O	147 HOME STREET, FACTORS, OFFICE, FA	11/2	THE TOTAL PARTY	93	115	(26	STAR	J.
ATTENE outpital ECTOR. ed for use of of fee	13	sow the decement pline on obove	tal) attended the deceased from 19	66 . one	that in Imyl (ou	r) opinion d	eath occurred on the do			hat (I) (we) to overs stated	**
HOSPITAL OR FUNERAL DIRE July 18 directive of the directive of the directive		THE PHYSICAN S NAME (1976)				NDING X	MEDICAL STAF	IND	13	188	
TO HOSP thousand the American t	-	WARLE H	219		780/	90	eogen Ane	Sile	ude	36	4
ВР		Burial Burial	1-6-86 Ri	vervi		U	Waynesbor	0.	QUAITY	VA	
DHMH - 16 60M 7/84 (VRA 15, 4)	14.15	UNERAL DIRECTO Clore		P. O.	Box 90 r, VA	1AN	REC'D BY REGISTRAR		RS SIGNATI		4

TAN S 1986 Sharp Burn The

STATE OF MARYLAND REG. NO 20 DATE KNOWN DONALD MORRIS CARD DEATH MATED 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE 2d HOUR LAST BIRTHDAY) PRONOUNCED 6:22 MALE WHITTE DEAD BIRTHPLACE ISTATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MISSOURI U.S.A. DIVORCED X Montgomery County WIDOWED [CITY OR TOWN OF DEATH 128 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) 126 KIND OF BUSINESS OR INDUSTRY 1. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 19515 Frederick Rd MAINT, ENGINEER MAINTENANCE Germantown UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Md. 20767 MONTGOMERY GERMANTOWN A FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FRANK CARD ELVA MORRIS WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS (IF YES, GIVE WAR OR DATES) SPARTAN RD OLNEY . Md JOYE CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION ARDED TO THE USED ARE DEPARTMENT OF HEATE DEPA 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 214 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY JAT HOME. 21f. LOCATION 214 INJURY OCCURRED AT WORK AT WORLE STREET, FACTORY, FARM, ETC.1 CITY OR TOWN COUNTY STATE 220. I certify that I took charge of the remains described above, held an and in my opinion Hamicide ! Natural causes Accident Undetermined manner TITLE (SPECIFY) ACTUAL SIGNED 1-4-86 M.D. Assistant MEDICAL EXAMINER **SIGNATURE** EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., MD 30. BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION 23¢ NAME OF CEMETERY OR CREMATORY COUNTY STATE CREMATION 1-7-1986 RIVERDALE. CHAMBERS CREMATORY P.G.C. Md. 24 FUNERAL DIRECTOR **DHMH - 17** W. W. CHAMBERS CO. INC. SILVER SPRING, Md. (VR A15 ME (5))

THAT THE BEST OF THE STREET The state of the s The residence in the second of MER MOST - LOS FOR-SIDE STUD UND STOS REMEDY TO DELTY S. THE ADDRESS CONTROL OF THE PROPERTY OF THE PRO

Line Clausing Co. (ar. Billy Smire, So. 1-22-1-21)



NOT THE PARTY PARTY DAVID A. CARRINE NO PROPERTY OF STREET .elilvacoli ... nya vieko doci ... clo monoval 1-10-so Teorgetown med Son, Wilsnin ton. dies (MAL DE TREETE VICENTIAL MET AND LINES ASS

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DEPARTMENT OF I	REAL	TH AND	MEN

017035	1-	STATE REGISTRAR	DEPAKI		ICATE OF DEATH	REG. NO	0	
may be	I DE (TYPE	CEASED NAME FIRST OR PRINT)	RACE / S /	S. DATE O	F BIRTH	20 DATE OF DEATH	MONTH DAY	YEAR 26 HOUR 5 PM SER I YEAR IF UNDER 24 HRS STORYS HOURS MIN.
Poge 4	0.50	THPLACE (STATE OR FOREIGN THE COUNTRY) Vest Virginia	CITIZEN OF WHAT COUNTRY	MARRIE	05-88	9 BALTIMORE CITY O		EATH
s offer dea	M.C	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSI LIF NOT IN SUCH FACILITY, GIVE STREE HOLY Cross F	T ADDRESS)	R OTHER INSTITUTION	Montge 12a USUAŁ OCCUPATI (TYPE OF WORK FOR MOST O Housewi:	ON 12	MD. S KIND OF BUSINESS OR DUSTRY OWN Home
ly filled spould be	N	AL RESIDENCE (IF NURSING HOME OR O STATE 13b. COUNT Maryland Alle	ther institution give residence before Y 13t CITY OR TOV Cumber	Pland	136 INSIDE CITY LIMITS? YES NO NO NOTHER'S MAIDEN NAM	439 Will:	iams St	./ 21502
omplete 1 ond 2		ssac Nev	vton Gera		Estelle	WIDDLE	Pring	le LAST
Poges		VAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE Y	WAR OR DATES!		Jack L. C	arnell -	Memor Cumberl	ial Ave.
strificate k g physicia angopers emoval.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY Cololina	COME	lar occid	lest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
e death ce control of transfer		Conditions, if any, which gave rise to immediate	DUE TO, OR AS A CONSECU	IENCE OF		romulae		
ed by the oleose rec riol, crem or other		cause (0), stating the underlying cause last	DUE TO, OR AS A CONSEOU		decea			
requires en signe or to bur y injury.	TION	PART 2 OTHER SIGNIFICANT CO					-11.0	
The low too.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATIO		200 AUTOPSY? YES NO	IN CERTIFYING	RE FINDINGS USED CAUSES OF DEATH?
ilCIAN g physic ertificat rial-troni entol Hyg	_	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH [IF EITHER NOTIFY MEDICAL EXAMINER]	HOUR A.M. MONTH E	AY YEAR	21t. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUI	RY IN ITEM IS PART I C	RPART2)
offending offer this of the burner of the bu	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME STREET FACTORY OFFICE	FARM ETC)	211 LOCATION STREET	CITY OR TO	wn c	OUNTY STATE
TTENDIN pital or TTOR, At for use of of Health		270 (certify that (1) this hospito sow the di- obove, (1) who ided did not	1110 19	AL	d that is (my) (our) apinion of	to, to	ate and have and	from the couses stated
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DHMH - 16 60M 7/B4 (VRA 15, 4)	24 F	John J. Hafe	er, Jr. Lav	ale,	MD 250. DATE	AN 14 1986	256 REGISTRARIS	SIGNATURE

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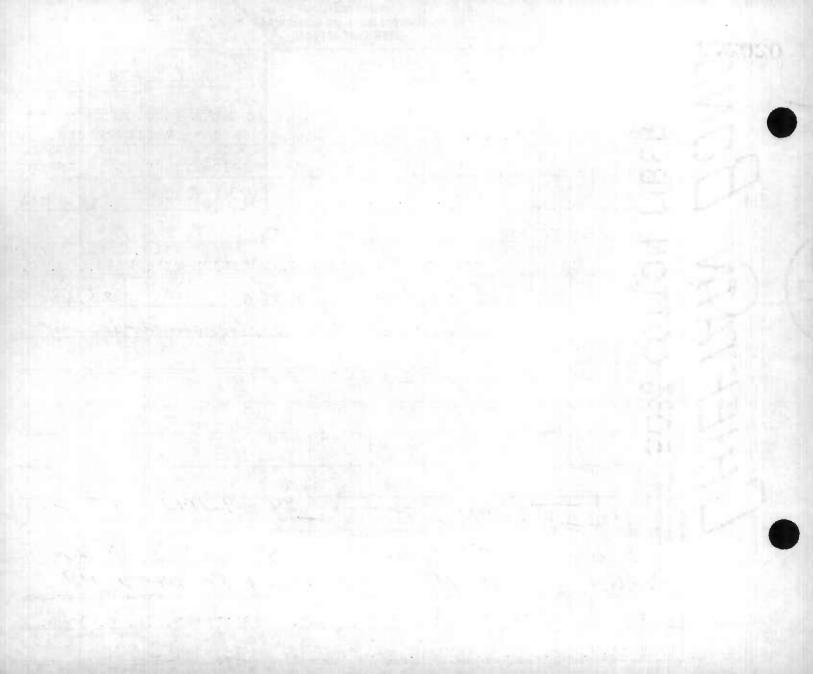
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John J. Hefer, Jr. Lavale, 19 ... in Counting ... Lawer of the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYDIENE FOR 028161 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH YEAR 1. DECEASED NAME 26 HOUR (TYPE OR PRINT) 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIR HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS HINOM DAYS HOURS Male White 1920 Nov YRS 7a. BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH (STATE OR FOREIGN NEVER MARRIED COUNTRY Va. Montgomery DIVORCED IR CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Rockville Contract GOV USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 136 COUNTY 13a STATE 13c. CITY OR TOWN 134 INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Montgomery Gaithersburg YES X 217 Hutton St. 20877 Md. NO 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST FIRST MIDDLE MIDDLE FIRST puo Longwell Asa Carr Mary Day 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Hutton St. Gaithersburg, Md. es APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o S A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALDISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED YES [NO [216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AI WORK 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after deg 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MPDICAL STAFF should be deto PHYSICIAN PHYSICIAN [MPORTANT 774 PHYSICIAN'S NAME (TYPE ON PRI 22e ADDRESS 0 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN (SPECIFY) Buria] Parklawn Cemetery Rockville 316 E. Diamond Ave DHMH - 16 50M 4/83 (VRA 15, 4) Gartner Sandison F.H. Gaithersburg.Md.2087

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME EIRST 2n DATE OF DEATH (TYPE OR PRINT) W. 3 SEX 4 RACE AGE (IN YEARS LAST BIRTHDAY) IF LINDER LYEAR 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH I STATE OF FOREIGN U.S.A. MONTGOMERY-SILVER SPR. N. CAROLINA DIVORCED CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR SELF RADIO-TV REP. WAL RESIDENCE VIE NURSING HOME OF OTHER INSTITUTION 30 STATE 1136 COUNTY 13c CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? WASH., D. 5120 SARGENT RD., NW 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST KATIE HALL JAMES FRANK CARSON ADDRESS 120 SARGENT RD, NE 166 SOCIAL SECURITY NO 17. INFORMANT 1943-44 238-07-6308 MURIEL O. WOODLAND-SIS. WASH., D. C. YES 18 CAUSE OF DEATH (Enter only one cause per line for of), (b), and PART I. DEATH WAS CAUSED BY: neumon 19 IMMEDIATE CAUSE (D)_ ce re honasula Canditions, if any, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 I.O. CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOK YES [216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 71n. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION COUNTY AT HOME STREET FACTORY OFFICE FARM ETC) STREET CITY OR TOWN STATE NOT WHILE 22s I certify that (I) (this haspitals attended the deceased from, saw the deceased alive an_ and that in (my) journ opinion death accurred on the date and haur and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING . DIRECTOR PHYSICIAN PHYSICIAN 22e ADDRESS 中中 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b DATE STATE COUNTY BURIAL 1/15/86 WASHINGTON NAT. SUITLAND 24 FUNERAL DIRECTOR MORROW & WOODFORD, INC. 250 DATE REC'D. BY REGISTRAR'256 REGISTRAR'S SIGNATURE 16 60M 7/B4 1622 11TH. ST., N. W. WASH., D. C.







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0310	33		STATE REGISTRAR	MED	DICAL EXAMINE	R'S CERTIFIC	CATE OF DEATH	REG. NO.		
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14	DE 55	1. SEX	4. RACE	S. DATE OF BIRTH	6 AGE (IN YEAR			ATE MON	NTH DAY YEAR	2d. HOUR
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	BAEWL		RTHPLACE (STATE OR REIGN COUNTRY)	76 CITIZEN OF WH	AT COUNTRY?	MARRIED NEV	ER MARRIED 9. BAL	TIMORE CITY OR CO	UNTY OF DEATH	
	SE SE	1	MARYLAND	V.SF		WIDOWED [DIVORCED Mor	tgomery Co		MD.
2	平世里//	10 CI	TY OR TOWN OF DEATH		PITAL, NURSING HOME,	OR OTHER INSTITUT		CUPATION (TYPE OF WO	ORK 12b. KIND OF BUS OR INDUSTR	INESS
3	2 4 4 5	C	ermantown		y Grove Hosi				1 0	1101
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25 4	A M D THE	1_/		NTLZ	BERMAN TO		NO 11712	. ASHW	ORTH C	<u></u>
W.	-105	1	ATHER'S NAME FIRST	WIDDLE	LAST	FI	R'S MAIDEN NAME	MIDDLE	LAST	115
ORE	S S S S	160 V	FOCLE VAS DECEASED EVER IN U.S. ARA	E SORCESS	CARTER		RRY	ADDRESS	WALLAC	+
MITT	# 5 BP /	[Y	ES, NO, OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	11/A			11712 F	ASH WORTH	CT.
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5/2	BOR S		IMMEDIAT		udden infan AS A CONSEQUENCE OF		yndrome			
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W.P	NAME OF STREET		gave rise to immediate cause (a) stating the <u>under-</u>		AS A CONSEQUENCE OF					
201	ON PERM		lying cause last.	(c)					THE REST	
808,	AN ESE		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH R	UT NOT RELATED TO THE TERMIN	AL DISEASE OR CONDITION	GIVEN IN PART 1 (8).			
8 1	CREAT AND T	Š.								
AL R	FEET /	IFICATION	190. DATE OF OPERATION	196. CONDIT	ION FOR WHICH OPERA	TION WAS PERFOR	MED?		20 AUTOPSY?	
E 3	STATE OF THE PERSON OF THE PER	CERTIF	AL EXTERNAL CAUSE VALOR	AM PINE -					YES 🛣	NO 🗌
10	本まる者の	107	218. EXTERNAL CAUSE WAS		MONTH DAY YEAR	21c HOW INJURY	OCCURRED (ENTER NATURE C	F INJURY IN ITEM 18 PART TO	OR PART 2)	
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-	E SE	140	death resulted fram: Natur	al causes X	Accident , Suici	ide 🔲 , Hamici		manner,		
	A SECOND		ACTUAL WOLL	we the	Yhll	TITLE (SP	,	D/	ATE 1-14-86	
CA	DEATH SET		SIGNATURE	(101	311. 000	M.DM53	Sistant MEDICAL EX	AMINER SK	GNED_14-00	
WE	CHEEK		EXAMINER'S NAME Marga	aritaA. Ko	rell,M.D.	ADDRESS	111 PennSt	reet		
2	E8558	23a.B	URIAL, CREMATION, REMOVAL 2		23c NAME OF CEME		RY 23d LOCATIO	N	COLUMN	
07/84	3Р	13	EURIAL	1-17-198	6 MONO	CACY	BEALLS	WILE P	COUNTY STATE	el.
25M	DHMH - 17		INERAL DIRECTOR	22 III	BEALLSVILLE	E Ra	A A PROPERTY HIS	RAR THE MENTINE	he zhap ald grifa	
(\	/R A15 ME (5))	W.	C. HILTON	BALWE	SVILLE , 1	yd.	101		•	313

SELECT.

COUNTY and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED 230 BURIAL, CREMATION, REMOVAL 23b. DATE BNAME PEGEMETERY OR CREMATORY BURTAL 1/21/1986 OXON "HILL PRINCE GEORGE'S 24 FUN" AL DIRECTOR STRAR 256 REGISTRAR'S SIGNATURE DONALD M. STEIN HEBREW MEMORIAL FUNERAL HOME DHMH - 16 60M 7/84 (VRA 15, 4) 232 CARROLL STREET, N. W. WASHINGTON, D.

YEAR

DAYS

2b. HOUR

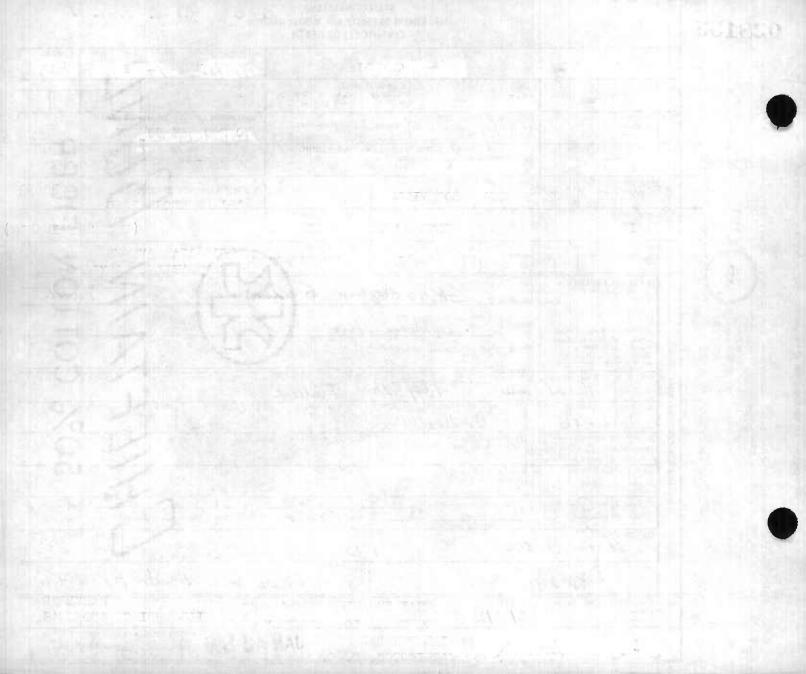
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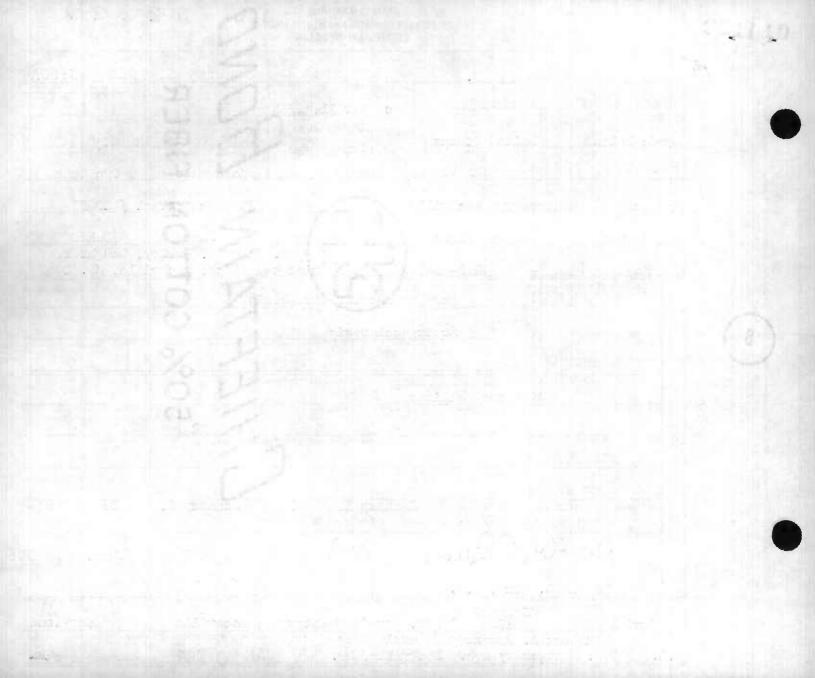
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STATE OF MARYLAND



(VRA 15, 4)

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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2002	1	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.				
2002	1. DE	CEASED NAME FIRST		WIDDIE	· ·	AST	20. DATE OF DEATH		YEAR	26 HOUR		
ge 3	LIAN	ANI	YATES	CHANDLER			JANUARY 2	9 1986		11:28		
o d	3 SE					OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF U	NDER 1 YEAR	IF UNDER 24 HR		
s ofte		FEMALE	CAUC	ASIAN	AUG	UST 9 1920	65	YRS.	THS DAYS	HOURS MIR		
Pour	70 B	IRTHPLACE STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?				9 BALTIMORE CITY O		DEATH			
Pero Z		CALIFORNIA	UNITED	STATES	WIDOWE	DIN NEVER MARRIED DINORCED DI	MONTGOM	TERY				
of the	VI C	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	NG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION 126 KIND OF BUSIN					
ed the	B	ETHESDA	(IF NOT IN SU	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) NAVAL HOSPITAL (TYPE OF WORK FOR MOST OF WORKING LIFE) NOUSTR HOMEMAKER								
5	USU	AL RESIDENCE (IF NURSING HOME OF	OR OTHER INSTITUTION	GIVE RESIDENCE BEFOR	E ADMISSION)				4	HOME		
filleo att		RGINIA FAIR		ALEXAND	136 INSIDE CITY LIMITS?							
Sel.	14. Fz	ATHER'S NAME		,		15 MOTHER'S MAIDEN NA		I DIKUD.				
ond ond	No.	CHARLES N	OULDIN '	YATES		KATHRYN DECELLE						
0 - 0		WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	JRITY NO.	17. INFORMANT	ADDRE					
Pogo	1	YES NO OR UNKNOWN) (IF YES, G	WAR OR DATES)	578-24-	9177	CHARLES R.CI	HANDLER 310	A HOLLA	CTDE	c m		
2000		18 CAUSE OF DEATH (Enter of				ALEXANDRI	A, VA 2230.	+ 110LL1	APPROXI	MATE INTERVAL ONSET AND DEA		
		PART I DEATH WAS CALLS	FD RY.				2250.		BETWEENC	INSET AND DEA		
9819		IMMEDIA	ATE CAUSE (0)	MULTIPLE	PULM	ONARY EMBOLI						
950		DUE TO, OR AS A CONSEQUENCE OF										
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pleo riol,		DIATA OTHER CIGARES	(c)		DF 1 711 711							
sign hen na bu	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS C	DATKIRUTING TO	DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION GIVEN	IN PART 110	,		
- × 0 = -	CERTIFICATION	190 DATE OF OPERATION	19h COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. IF YE		YES, WERE FINDINGS USED			
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ficote fronsi Hygin 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		.M. MONTH D.	AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	EY IN ITEM IS PART I	ORPART 2)			
iol-iol-indo	18	(IF EITHER NOTIFY MEDICAL EXAMIN	- Milli	.M.	19							
A War h	MEDICAL	214 INJURY OCCURRED		OF INJURY	-	211 LOCATION	CITY OR TO	hadh!	COUNTY	STATE		
and wed	2	WHILE NOT WHILE AT WORK	(AT HOME ST	REET, FACTORY OFFICE.	FARM. ETC.)	STREET	CITORIO	W14	COGIVIT	STATE		
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He He		saw the deceased alive a	JANIJAR	Y 29 10	86	nd that in (my) (our) opinion i	death accurred on the de	10 and have an	al francish a	not (I) (we)		
d fo		sow the deceased alive a above, (1) (we) (did) (did n	ot) view the body	after death.				ite and nour and				
che che		22hr Signatur	_			DEGREE			22c DATE S	-		
re etc		DAY 10	-			ATTENDING PHYSICIAN	MEDICAL STAP	F IAN []	30(1)	an 86		
Stor	1	22e ADDRESS NAVAL HOSPITAL, NAVAL MEDICAL										
Should b	-					NATIONAL CAP						
should with the MAPO	-	D. L. GRIFFEN						DETHE	JUA, I	W 200		
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3P/ 4/7						on Mational C	enecery A	LTTIECO	II V	TLETUI		
WH - 16 00M 7/84	24 F	UNERAL DIRECTOR Joseph	h Gawler	s Sons	Inc.		E REC'D. BY REGISTRAR	0.00	400	M Andh		
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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REGISTRAR

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE,

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(VRA 15, 4)

24 FUNERAL DIRECTOR

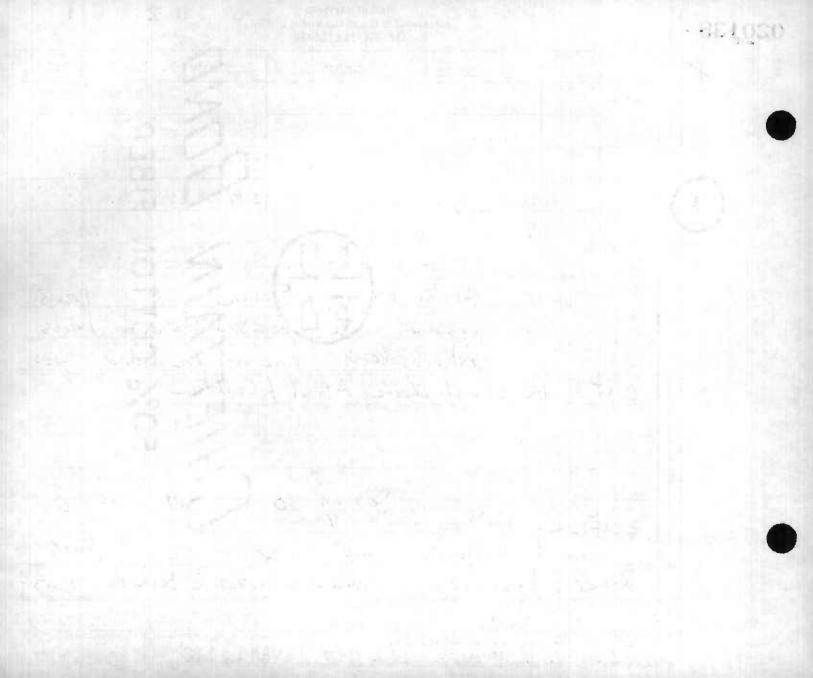
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	(ITPE	OK PRINT)	Sa	muel (George	C	haney	January 9,	1986	3:31 ⁻ _M
	3. SEX			RACE		5. DATE O		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
		Male		Cauca	sian	Nave		80 YI		
		RTHPLACE (STATE OR	FOREIGN]	& CITIZEN OF	WHAT COUNT	RY? 8 MARRIES	NEVER MARRIED	Montgomery	NTY OF DEATH	
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4	10 CI	Olney	ATH				1 Hospital	TYPE OF WORK FOR MOST OF WORKI		OF BUSINESS OR
Ų	TISLLA	AL RESIDENCE (IF NUR	SING HOME OR		GIVE RESIDENCE BI	SECURE ADMISSIONIL	- HODPICAL	Inspector	LUS A	Bldg. 2
2	Mc Mc	aryland	Mona Mona	gomery	Silver	Spring	13d INSIDE CITY LIWITS?	3627 Gleneage	es Dr.	20906
9		Samuel	Ĩ	NODIE	Chane	y	Agnes Agnes	AME MIDDLE	Τĉ	icker
		VAS DECEASED EVER		NED FORCES?	166 SOCIALS		17 INFORMANT	ADDRESS		CELEVIEW
		ES NOR UNKNOWN)	(11 705, 0110		577-05	-2252	Dorothy M. (Chaney Same as	-	
		18 CAUSE OF DEAT	H Enter onl	y one couse per	line for (a), (b)	ond ic O	12		BETWEEN	MATE INTERVAL ONSET AND DEATH
		TAKI I. DEATH	IMMEDIATE		Acua	e ju	monary 20	ema		ezers
				DUE TO, O	R AS A CONSE	QUENCE OF	wite much	in lister	7 1	WILLE
		Conditions, if any gave rise to im-	mediate	(b)_	Pesas	med a	ente rigor	1 1000	1	
		underlying couse		DUE TO, OI	alagonse	OS CLE	rosic con	Sievesaln d	rsiese	yes
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	TIF							YES NO	RTIFYING CAUSES YES []	NO [
3		210. ACCIDENT WAS UN		216. TIME O		DAY YEAR	216 HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN ITEM	18 PART OR PART 2)	
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	MED	21d INJURY OCCUR		21e PLACE	OF INJURY REET, FACTORY OFF	ICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
		AT WORK AT WO	7	5 lt . 1 .l	-1 11	-	four on	1/9	86	
H		22a I certify that (1)	edalive on	[[4]]	deceased fro		id that in (19) (our) opinion	death occurred on the date and	hour and from the	that (we) lost
	be	226 SIGNATURE	did) did no	view the body	ofter death.		DEGREE		22c. DA/E	SIONED.
		26	gen V	- Uc	nav	3	M) ATTENDING	MEDICAL STAFF	1/9	1/86
		22d. PHRICIAN'S N	-	Leon	ard		16401 018 Geo	ngetour Po, Bet	hesola	M2 20814
	10	URIAL, CREMATION,	REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STAJE
	B	urial		1/13/8	6	Gate of	Heaven	Silver Sprin	g, Mont.	Maryland

1/13/86 Gate of Heaven Francis J. Collins, Jr.

500 Univ. Blvd. W. Silver Spring. Md. 20901

REG. NO.

250 DATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



STATE OF MARYLAND FOR STATE CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. N	10.				
ATH	MONTH	DAY	YEAR	26 HOUR	

L DEC									
	CEASED NAME FIRST	MIDDLE	i	AST	20 DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR	
LIAME	Marvi Marvi	n E.	Ch	apman	January	9, 19	86	2208 M	
		4 RACE			6 AGE IN YEARS LAST BIRT		IF UNDER 24 HRS		
1	Male	Caucasian	Sept	.1.1923		ONTHS DATS	HOURS MIN.		
		76 CITIZEN OF WHAT COUNTRY			9 BALTIMORE CITY O		OF DEATH		
-		United States	Montgome	ry Co	unty	MD			
	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS		126 KIND OF BUSINESS OR					
130 S	aryland Mont	other institution give residence bere ty Rockvi	ore admission)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE Jame	s Roa	d 208	
14 FA	FIRST	Chapma:	n	FIRST	WIDDLE		Herndo	'n	
	AS DECEASED EVER IN U.S. AR.		CURITY NO.	17 INFORMANT Wife					
Y	es WWII	259-20-	4937	Mildred Cha	napman Same as item 13				
	PART I. DEATH WAS CAUSE	Card	iac A	rrest			BETWEEN	MATE INTERVAL ONSET AND DEATH	
	Conditions, if any, which	DUE TO, OR AS A CONSEO	UENCE OF	Myocardial	Infart				
	cause to immediate cause tot, stating the underlying cause last.	DUE TO, OR AS A CONSEO	UENCE OF	Coronary A	rtery Dis	ease			
NOI	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	D DEATH BUT	NOT RELATED TO THE TERMI	nal disease or cone	DITION GIVE	N IN PART 110		
TIFICAT	190 DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO X	IN CERTIFY	ING CAUSES		
		In .	DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM TO PAR	T LORPART 2)		
MEDIC	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY	E. FARM ETC)	21f LOCATION STREET	CITY OR TOV	VN	COUNTY	STATE	
	saw the deceased alive on.		86	19 83 and that in (my) (our) opinion d	eath occurred on the do	te and hour		that (I) (we) last	
	226. SIGNATURE	ng & MD			MEDICAL STAF	F IAN []	Janu		
	22d PHYSICIAN'S NAME (TYPE O	PRINT		22e ADDRESS				0422	
	WEDICAL CERTIFICATION MEDICAL CERTIFICATION MEDICAL CERTIFICATION MEDICAL CERTIFICATION	Male To BIRTHPLACE (STATE OR FOREIGN COUNTRY) Georgia 10 CITY OR TOWN OF DEATH Rockville USUAL RESIDENCE (IF NURSING HOME OR 130 STATE Maryland Montg IA FATHER'S NAME Elijah 18 CAUSE OF DEATH IEnter on PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT C 19a DATE OF OPERATION 19a DATE OF OPERATION 19a DATE OF OPERATION 21d. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF GEAL (FITTER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHITE ALWOR ALWOR CAUSE OF GEAL (FITTER NOTIFY MEDICAL EXAMINER) 22d. I certify that (1) (It is hospit saw the deceased alive an above, (1) (we) (did) (did not 12b. SIGNATURE	Male Caucasian To BIRTHPLACE (STATE OR FOREIGN COUNTRY) Georgia United State: 10 CITY OR TOWN OF DEATH Rockville USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION CHIVE RESIDENCE BY NOT WITH MARY LAND COUNTY Maryland Montgomery Maryland Montgomery LE FATHER'S NAME FIRST Elijah Chapma: Chapma: 18 CAUSE OF DEATH Enter only one couse per line for LOI, (b). PART I. DEATH WAS CAUSED BY. Conditions, if ony, which gove rise to immediate couse iol, stating the underlying couse last USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION CHIVE RESIDENCE BEFT FOR CKY1 18 CAUSE OF DEATH Enter only one couse per line for LOI, (b). PART I. DEATH WAS CAUSED BY. Conditions, if ony, which gove rise to immediate couse iol, stating the underlying couse last USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION CHIVE RESIDENCE BY INC. TO CHAPMA: 18 CAUSE OF DEATH Enter only one couse per line for LOI, (b). PART I. DEATH WAS CAUSED BY. Card DUE TO, OR AS A CONSECTION 190 DATE OF OPERATION 190 CONTRIBUTING (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CONTRIBUTION	Male Caucasian Septimized States (State or foreign Country) Bertheplace (State or foreign Country) Georgia In city or town of death Rockville Usual residence (IP nursing home or other institution give residence before admission) Maryland Nontgomery Mar	A RACE Caucasian S. DATE OF BIRTH MONTH CAUCASIAN Sept. 1, 1923 Sept. 1, 1923	SEX Male Caucasian Sept.1,1923 62 62 62 62 62 62 62	A SEX MAILE A SACE CAUCASIAN S. DATE OF BIRTH DATE OF BIRTH DATE OF BIRTH DATE OF BIRTH DATE OF SACE DATE OF SACE DATE OF BIRTH DATE OF SACE DATE OF BIRTH DATE OF SACE DATE OF BIRTH DATE OF SACE DATE OF SACE	SEX Male	

BP. DHMH - 16 60M 7/84

(VRA 15, 4)

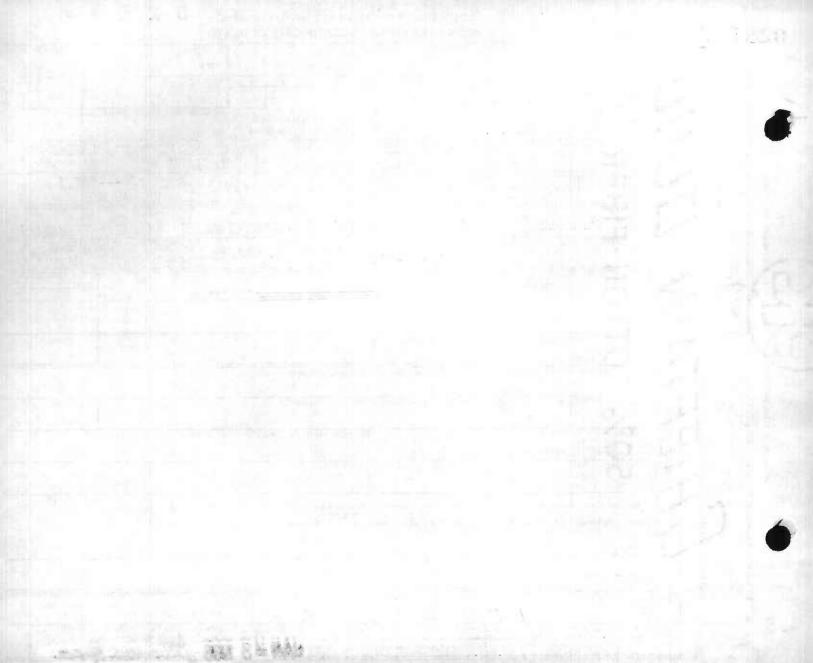
230 BURIAL, CREMATION, REMOVAL Cremation

23b. DATE Jan. 11,1986

PA 300 W. Montg. Ave. Rockville, MD

Metropolitan Crematory ATexandria, Virginia

	ta	_	FOR	a 3/21/86	mtb F	#613 DEPART	STA MENT OF		AND ME	100	GIZNE	0	2 2	3 3	
02	קירי גפ		STATE REGISTRAR			MEDICAL	EXAMIN	IER'S C	ERTIFIC	CATE OF	DEAT	TH RE	G. NO.		
O A			CEASED NAME OR PRINT)	NE FIRST		MIDDLE			LAST		20	OF ESTI	AN X WONI	H DAY YEA	R 26 HOUR
	EL S. S. S. F.	1	e On Thirty	Lena		K		C	hase			OF ESTI		/14/ 1986	5 M
	FECTOR STREET	3 SEX		4. RACE	5 DATE OF	DAY YEAR	& AGE (IN YE	ARS IF UN	DER 1 YR	IF UNDER 2		DATE RONOUNCED	MONTH	DAY YE	AR 121 H245
60	DIRE OUR 72 H	F	EMALE	WHITE	SEPT.	29,1912	73 Y	RS.	DATS	HOURS	MIN.	DEAD	1	/ 14/1986	
4	VECESSARY, PLEAS UNERAL DIRECTOR FILES FOR YOUR FILES WITHIN 72 HOURS AND PRESTON STREET		RTHPLACE (STATE OR		OF WHAT COU	VTRY?	8 MARRI	ED XXVEV	ER MARRIEI	9	BALTIMORE	ITY OR COU	NTY OF DEATH	
	FUNER S FOR WITH		USSTA		U.S.A			WIDOW		DIVORCE		Montgom	ery Co	unty,	MD.
	PAGE 5 BE FILED, S. 201 W.	10. CI	TY OR TOWN	OF DEATH	11. NAME C	F HOSPITAL, NE	IRSING HOM	E, OR OTH	ER INSTITUT	ION	120 USUA	AL OCCUPATION	N (TYPE OF WOR	LADIE	SUSINESS
	PACE PACE S.	7	akoma	Park	Washi	ington A	dventi	st Ho	spita]	1	SAL	ESLADY	c)	GARME	
-	ANY DELA AND 3 TO RETAIN PA ROULD BE RECORDS,			(IF IN NURSING HOME		TION GIVE RESIDENCE	OR TOWN	ION)	134 INSIDE CIT	TY LIMITS?	13e STREE	ET ADDRESS	zip-	20901	
212	A POLICE AND A PARTY OF THE PAR	M	ARYLANI	MONT	GOMERY	SILL	ER SPR	ING	YES 🔯	NO 🗆	25	EAST WA			
9	HAT A 3.		ATHER'S NAM		MIDDLE		LAST		CM	R'S MAIDEN		MIDDLE		LAST	
38	A KARAKA	1	JNASCE1	RTAINABLE)	(UNAS	CERTAI	NABLE) (ui	NASCER	RTAIN	IABLE)	(UNAS	CERTAIN	ABLE)
IWO	NA O PAR	16a V	VAS DECEASI	ED EVER IN U.S. AR	MED FORCES		CIAL SECURIT		17 INIE ODAA	D K. C		25 EX	STS WAY	NE AVEN	UE
ALT	HA HA	No)			577	-10-28	25	DAVI	V K. C	MASE	' SILVE	R SPRI	NG. MAR	YLAND
1 2	2 8 × E		18 CAUSE	OF DEATH (Enter on	ly one couse (per line for (o), (b), and (c).)	14-5						APPROXIV	ATE INTERVAL
S NO	FERRE	1	PARTID	IMMEDIA	TE CAUSE (o)	Mult	iple (Crani	o-cere	ebral	Inju	ries			
2153	Z Des S	1	81	20		O, OR AS A CO	NSEOUENCE	OF							
2	三日前35日		gove i	ons, if ony, which rise to immediate) (b)										
*	DAY AND	-	l cause (c	a) stating the <u>under</u> - iuse last.	DUE	O, OR AS A CO	NSEOUENCE	OF							
8	DE PERE			E WELL	(c)										
DIVISION OF VITAL RECORDS	SABE	NO	PART 2 OTHER S	SIGNIFICANT CONDITIONS	CONTRIBUTING TO	O DEATH BUT NOT REL	ATEO TO THE TERA	AINAL OISEASE	OR CONDITION	GIVEN IN PART	1 (0)				
80	L'ON MEN	CERTIFICATION	19a. DATE O	FOPERATION	19b. C	ONDITION FOR	WHICH OPER	W NOITAS	AS PERFORA	MED?				20. AUTOP	SY?
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	AND THE PLANT		death resul		ral couses	Accident		ncide		inspection	Undeter	mined manner	,	opinion 3	
	DIE WAR	13	ACTUAL		<	W	7		TITLE (SP	PECIFY)				62.22	
	A HE SEWA	-	SIGNATURE		/		1	M.	D. Assi	stant	MEDIC	AL EXAMINER	DAT SIGN	E 1/15	/86
	NA SE	1	EXAMINER'S	NAME		7									
	TO MEDICAL EXAM EXECUTE THE CERT PAGE 4 SHOULD BE AFTER DEATH, WITH BALTIMORE, MAR		(TYPE OR PR	INT) <u>Gr</u>		R. Kauf						enn St.			
		23a B	URIAL, CREMA IRTAL	ATION, REMOVAL			NAME OF CE				23d LOC	ATION	cc	UTP	STNIA
07/84 25M	BP			GIOPo-	1/19/		NG VAV	IV ME	MORIAL	L GARD	EN	FALLS C	HURCH		DINIM
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	(VR A15 ME (5))	17.	CARK	ROLL STREE	I, N.	W. WAS	HINGTO	V, D.	C.	And M. W.	OF	June June	Devidos	- Madaga	



FOR - STATE

REGISTRAR

STATE OF MARYLAND

BY HEGISTRAR 756, REGISTRAR'S SIGNATURE

DEPARTMENT OF HEALTH AND MENTAL HYGHENE

CERTIFICATE OF DEATH

REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR TYPE OR PRINTS GILBERT THOMAS CHIHOCKY 7:45 JANUARY 11 1986 A AGE (IN YEARS LAST BIRTHDAY) 4 RACE 5. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX MONTH DAY HOURS MALE AUGUST 13 1931 CAUCASIAN 54 BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED COUNTRY OHIO UNITED STATES DIVORCED [MONTGOMERY WIDOWED CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª LISUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BETHESDA NAVAL HOSPITAL RETIRED U.S. ARMY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)

130. STATE

130. COUNTY

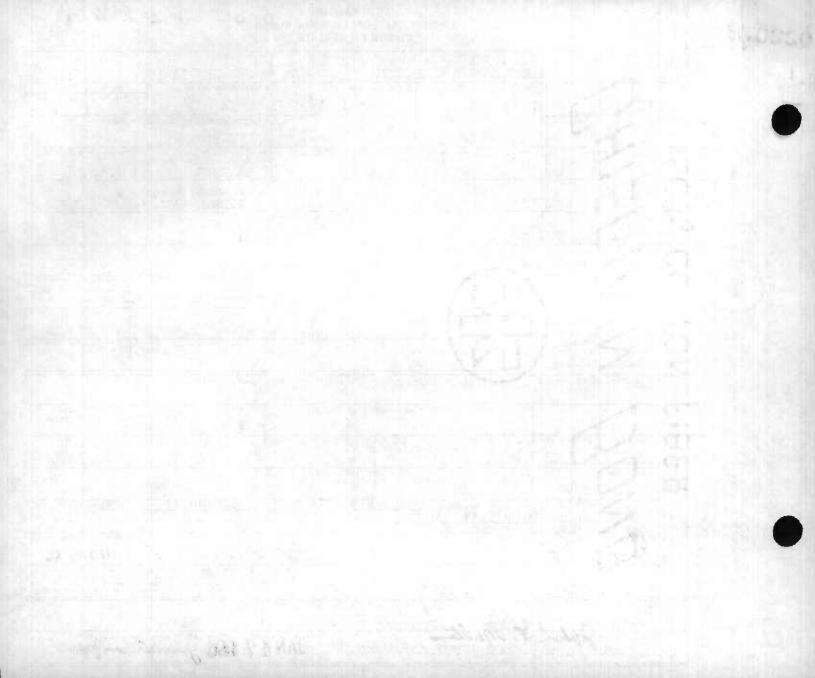
131. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE VIRGINIA STAFFORD 99 HIDDEN VALLEY ROAD STAFFORD 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE LAST MIDDLE BARNEY CHIHOCKY MARY BERRY 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT ADDRESS 1948-1969 YES 301-22-4506 MARY ANN CHIHOCKY, 99 HIDDEN VALLEY ROAD STAFFORD , VA 22554 18 CAUSE OF DEATH (Enter only one cause per line for tal, (b), and ic-PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (O) SMALL CELL CARCINOMA WITH INTERSTITIAL PNEUMONITIS DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g 206 IF YES, WERE FINDINGS LISED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES X 21b. TIME OF INJURY 216 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PAA 211. LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE to JANIJARY 220.1 certify that (1) (this hospital) attended the deceased from JANUARY 9 10 86 86 that (I) (we) last saw the deceosed alive an JANUARY 11 above, (1) (we) (did) (did not) view the bady after death _19__86___, and that in (my) (our) opinian death accurred an the date and havi and fram the causes stated 22c DATE SIGNED DEGREE ATTENDING MEDICAL JAN 86 Hestour PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME NAVAL HOSPITAL, NAVAL MEDICAL COMMAND, NATIONAL CAPITAL REGION , BETHESDA, MD 20814 G. A. CALLEJA, LT, MC, USNR 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE Metropolitian CITY OF TOWE Cremation Alexandria, VA Crematory

Fredericksburg, VA

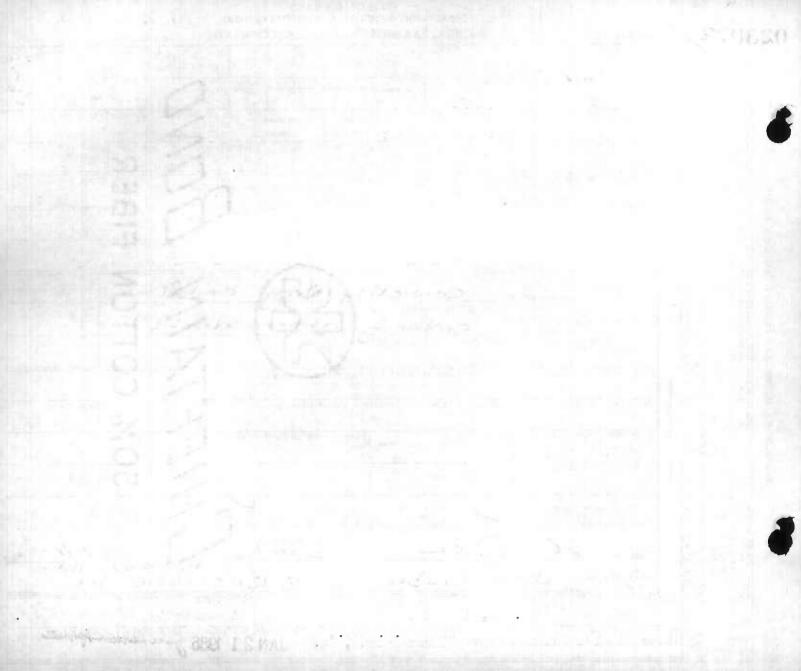
16 60M 7/84

(VRA 15, 4)

Wilson Smith Funeral Home



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02	3078		REGISTRAR			DICAL EXAMI	NER'S	CERTIFIC	CATE OF	DEATH	REG NO).		
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20	2982	13a S		136. COUNTY	EN PASSIONON, GIVE	13t. CITY OR TOWN		13d. INSIDE C	ITY EIMITS?	3e STREET ADE	ORESS			
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N ON	1222 F	114. FA	ATHER'S NAME FIRST	AAII	ODLE	LAST		15 MOTHE	ER'S MAIDEN	NAME	MIDDLE		LAST	
RE.	285		Zie-Hou			Chiou		C	hang				Shi	
W	#48 x /	16a. V	VAS DECEASED EVER	IN U.S. ARMED		166 SOCIAL SECUR	ITY NO.	17. INFORA	TNAM		ADDRESS			
ALT	A GROOM		N/A	N/A		19-76-032	24	Chong	-Jvo C	hiou-wi	fe-(sam	e as	13e)	
	NA TANA		18 CAUSE OF DEA	TH (Enter only on				1			70 0		APPROX IM	ATE INTERVAL
15	S CASSAS		PART I DEATH W	AS CAUSED BY		Cardio	Resi	toris	Nas	am	Fas		BETWEEN ON	SET AND DEATH
10	2 E DE BY	0		IMMEDIATE CA		AS A CONSEQUENCE		9	7					
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× .	MINICIPAL TRA		gave rise to cause (a) stating		(0)	S A CONSEQUENCE				-	00000			
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o o	共立も古書の人	18	CONTRIBUTING		H P.M.	19								
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	-mr-am	230 BI	Burial			23c. NAME OF C			ORY	23d LOCATION	Spring	COUNT	r	STATE
07/84 25M	BP		JNERAL DIRECTOR	Jan	. 225 15	986 Gate o			200					
23111	DHMH - 17	Hin	es/Rinald:	i Funera	1 Homess	11800 N.H Silver Sp	ring	Md.	ZOO. DATE RE	2 1 100	6 PINE	RAR'S SIC	THAT WE	200
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۱ -	FOR STATE REGISTRAR
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGRALE

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	200			4

GERTRUDE LYDA CLARK JANUARY 7 1986 3. SEX 4. RACE CAUCASIAN MAY 7 1902 70. BIRTHPLACE ISTATE OR FOREXON PENNSYLVANIA UNITED STATES WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH BETHESDA 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT.IN SUCH FACILITY, GIVE STREET ADDRESS) NAVAL HOSPITAL USUAL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADDRESSION) 134 STATE 135 STATE 136 COUNTY 136 STREET ADDRESS / ZIP CODE							
3. SEX FEMALE CAUCASIAN MAY 7 1902 70. BIRTHPLACE STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED MONTGOMERY PENNSYLVANIA UNITED STATES MARRIED DIVORCED MONTGOMERY 10. CITY OR TOWN OF DEATH BETHESDA 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE RISERET ADDRESS) NAVAL HOSPITAL USUAL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 STATE MONTGOMERY 136 CUTY OR TOWN OF DEATH SETHESDA 137 INFORMANT 138 STREET ADDRESS / ZIP CODE 12613 DENLEY ROAD 14 FATHER'S NAME FIRST LYDA LOWE 15. MOTHER'S MAIDEN NAME HOWARD C. ZIMMER 160 WAS DECEASED EVER IN U.S. ARRED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	10:04						
FEMALE CAUCASIAN MAY 7 1902 83 YRS 70. BIRTHPLACE STATE OR FOREIGN 70. CITIZEN OF WHAT COUNTRY? 8 MARRIED X NEVER MARRIED 10. CITIZEN OF WHAT COUNTRY? 10. CITIZEN OF WHAT COUNTRY? 10. CITIZEN OF WHAT COUNTRY? 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 1120. WINDOWED 110. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 110. WINDOWS 11	IF UNDER 24 HRS						
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LYSS NO ODLINKNOWNI LIEVES GIVE WAR OF DATES!							
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IB CAUSE OF DEATH (Enter only one cause per line for (a), (b), and IC MD 20906 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PNEUMONIA	MATE INTERVAL INSET AND DEATH						
DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which (b) HEART FAILURE	Canditians, if any, which (1b) HEART FAILURE						
couse (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF							
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110							
190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDIN IN CERTIFYING CAUSES (YES NO X YES 710, ACCIDENT WAS UNDERLYING 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TIEM 18 PART LOR PART 2)							
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR							
IFE EITHER NOTIFY MEDICAL EXAMINER P.M. 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 1A1 HOME, STREET, FACTORY, OFFICE, FARM, ETC STREET CITY OR TOWN COUNTY	STATE						
DECEMBED OU DE TANTADY 7 OF							

ATTENDING MEDICAL STAFE
PHYSICIAN DIRECTOR PHYSICIAN

M. PIERDENOCK , LCDR , MC, USNR

NAVAL HOSPITAL, NAVAL MEDICAL NATIONAL CAPITAL REGION, BETHESDA, MD 20814

230 BURIAL, CREMATION, REMOVAL 236 DATE Burial 1/11/86

23c NAME OF CEMETERY OR CREMATORY Parklawn Cemetery

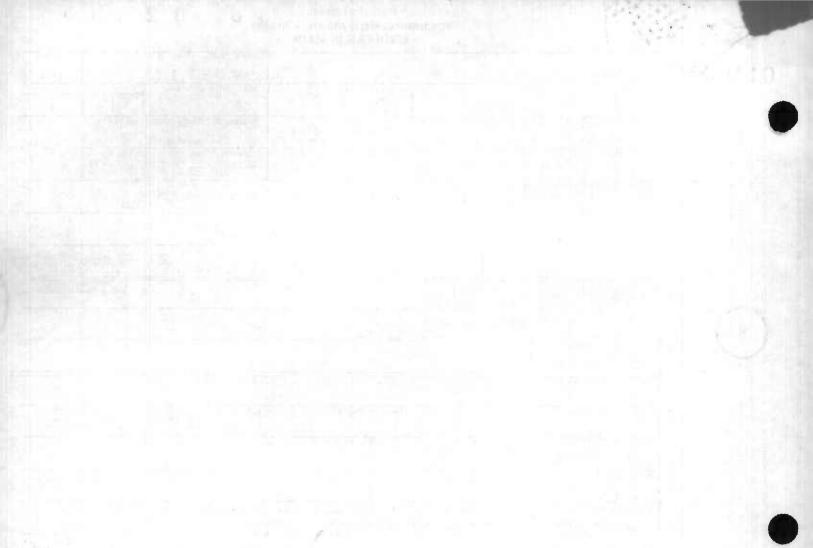
23d LOCATION ROCKVille

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DHMH - 16 60M 7/B4 (VRA 15, 4)

11800 New Hampshire Ave Silver Spring, Md. 21 FUNERAL DIRECTOR Hines/Rinaldi

250 DATE REC'D BY REGISTRARYS B REGISTRAR'S SIGNATURE



FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAF	2			CERTIF	ICATE OF DEATH	REG. N	0.		1	
TYPE OR PRINT	ME F	IRST	MIDDLE	1	AST	20 DATE OF DEATH		AY YEAR	2b. HOUR	
THE ORPRINE		PHYLLIS I	ATTHEWS C	LARK		JANUARY	21 198	6	3:34	A
3. SEX		4 RACE		S. DATE C		6 AGE (IN YEARS LAST BIR		IF UNDER TYEAR	HOURS MI	
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BIRTHPLACE COUNTRY	STATE OR FORE	IGN 76 CITIZEN	OF WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY	OF DEATH		
NEW JEI	RSEY	UNITE	STATES	WIDOWE		MONTGOM	ERY C	0.		MD.
CITY OR TOW			OF HOSPITAL, NURSIN SUCH FACILITY, GIVE STREET		OR OTHER INSTITUTION	12a USUAL OCCUPAT			OF BUSINESS (OR
BETHES			NAVAL HO			UNIV.ADMIN	•	EDUC	ATION	
IARYLAND	136	HOME OR OTHER INSTITUT COUNTY MONTGOMER'	ON GIVE RESIDENCE BEFORE 13c. CITY OR TOW SILVER	N		13e.STREET ADDRESS 17 BELM		URT	20910	
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		VAUGHN MA				CHE IMOGENE	LANE		31	
WAS DECEAS		U.S ARMED FORCES		IRITY NO.	17 INFORMANT	ADDR	ESS			
NO	140444	-	545-80-	9595	MARYJANE E.CI	LARK, 17 BELL	MONT C	OURT, S	ILVER S	SP
gove rise cause (o underlying		iote the lost DUE TO	OR AS A CONSEQUE		NOT RELATED TO THE TERM	INAL DISEASE OF CO.	IDITION CIVI	INI DADT		
22	TIER SIGNIFI	CAINT CONDITIONS	COLATKIBOTHAG TO	DEATH BOT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	IN IIN PART I	10	
19a. DATE O	F OPERATION	N 196. COI	NDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES □ NO【【		_	INGS USED S OF DEATH?	
OR CONTRIBI	NT WAS UNDERLY JTING CAUS JOTIFY MEDICAL E	SE OF DEATH HOUR	OF INJURY A.M. MONTH D. P.M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM TB PA	ART I OR PART 2)		
(IF EITHER N 21d. INJURY	NOT WHILE	EAT HOME	CE OF INJURY STREET, FACTORY, OFFICE, F	ARM, ETC)	21f LOCATION STREET	CITY OR TO)WN	COUNTY	STATE	
saw th	e deceased a	is hospital) attended alive on <u>JANUA</u> (did not) view the bo	the deceased fram RY 21 19 dy ofter death.	DECEM 86 or	BER 4, 19_85 and that in (my) (our) apinion (, taJANUAR death accurred on the d			that (I) (we) I couses stated	
The soll		Q Eur	~.·	N	DEGREE ATTENDING PHYSICIAN	MEDICAL STA			SIGNED	-
22d. PHYSIC	IAN'S NAME	(TYPE OR PRINT)			22e ADDRESS NAVAL	HOSPITAL,	NAVAL 1	MEDICA	L COMM	AN

DHMH - 16 60M 7/B4 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL 236 DATE

R. P. ERWIN, LCDR, MC, USNR

CREMATION

24 FUNERAL DIRECTOR

23c NAME OF CEMETERY OR CREMATORY

CHAMBERS CREMATORY | KLVERUALE, 256 REGISTRAR'S SIGNATURE

NATIONAL CAPITAL REGION, BETHESDA, MD 20814

SILVER SPRING, Md W. W. CHAMBERS CO. INC.

FOR - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

13	lin	64	63	

REG. NO.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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4	. The low sequires that the death certificate be executed with 24.1 haps other death. Page 4 may be scan.	ate has been signed by the attending physician and complete Talk. It to the funeral diffector, page 3 mins penult. Then please remains carbon papers Pages Land. And Land within 72 hours after doorn within 22 hours after the distribution of penuls.
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	INTHIPLACE IN A E OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CITY OR		OF DEATH	
N	ASSACHUSETTS	U.S.A		WIDOWE	D D NEVER MARRIED D	MONTGOME	RY		M
No.	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING	G HOME (OR OTHER INSTITUTION	12 DENTE PERUPATE	SURAN	HIL KINDO	
	BETHESDA	,,,	PARK WOOD ^		3	SPECIALIS			FORCE
13a.	AL RESIDENCE (IF NURSING HOME 136 CO MO		13c. CITY OR TOWN BETHESD	N	13d INSIDE CITY LIMITS?	136 STREET ADDRESS / 9907 PARK	ZIP CODE WOOD	DRIVE	20814
14. E)	ARTHUR	MIDDLE	CLEAVE	S	ORMA	MIDDLE		BOOTH	
	WAS DECEASED EVER IN U.S.		166 SOCIAL SECUR		17 INFORMANT	ADDRES			
	YES 194	3-1964	213-12-1	580	CORA CLEAVES	, WIFE, SAME	AS IT	EM #13	
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAL	anly ane cause pe SED BY: IATE CAUSE (a)	ADENOCAR		YA.	TEME		BETWEEN	MATE INTERVAL ONSET AND DEATH
NO	gave rise to immediate cause (a), stating the underlying cause last	(c)	ONTRIBUTING TO D		NOT RELATED TO THE TERMI	nal disease or cond	ITION GIV	EN IN PART 110	3
CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH (OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES IN CERTIF	, WERE FINDIN YING CAUSES	IGS USED OF DEATH?
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM	DEATH	OF INJURY ,M. MONTH DA .M.	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY			
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME ST	OF INJURY REET, FACTORY OFFICE, FA		21f LOCATION STREET	CITY OR TOW	'N	COUNTY	STATE
	220 I certify that (I) (this has saw the deceased alive abave, (I) (we) (did) (did			RIL	nd that in (my) (aur) apınıan d	, ta JANUARY			that (1) (we) la causes stated
	The SALVERY OF	- w				MEDICAL STAFF DIRECTOR PHYSICI	E AN	226. DATE :	SIGNED 4J86
	D. GREFFE	N III, M	D.		NAVAL HOSPI	TAL, BETHES	DA, M	D. 208	314
230. 1	BURIAL, CREMATION, REMOV	1/29/	/86 NE		EMETERY OR CREMATORY OLITAN CREMATO	RY CHALEXAN	DRIA,	VIRGIN	VIA STATE

DHMH - 16 60M 7/84 (VRA 15, 4) 1804 T ST., N.W., WASHINGTON, D.C. 20009

FOTO	1.	FOR STATE	DEPAR	STATE OF MARYLAND IMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		2 2 3 9
5050		CEASED NAME NELL	L Gray	CLEMENTS	REG. NO.	- Z4 - 86 1355
6	2.5E	,	14 RACE	Is. Date of Birth	6 AGE (IN YEARS LAST BIRTHDAY)	14-86 1355
of //	b F	emale	Caucasian	December 13, 1913	72 y	MONTHS DAYS HOURS MIN
100	/	COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH
11/34		ishington, D.C.	U.S.A.	WIDOWED DIVORCED ING HOME OR OTHER INSTITUTION	MONTGOMES	12b. KIND OF BUSINESS O
(AX	1	BETHESDA	(IF NOT IN SUCH FACILITY, GIVE STREET SUBURBAN		Secretary	
113	Jun.	STATE 13b. COL	OR OTHER INSTITUTION GIVE RESIDENCE BEFO JINTY 130. CITY OR TO GOMETY DLNEY		13e STREET ADDRESS / ZIP C	ode 2083 'Lar's Farest Ro
185		ATHER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN NA	AME MIDDLE	LAST
11/21	4	Charles	A. Clement		Estelle	Gray
Popel			RMED FORCES? 16b SOCIAL SEC IVE WAR OR DATES) 577-03-		Volson Sisten	Same as 13
igned by the attending physical properties of the physical symptotic complete, or commentative, or commentative events,	Z	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSEQUENCE OF THE	James John fr JENCE OF Disine	unal disease or condition	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 S YEAR GIVEN IN PART TO
hus been to permit. The property of the permit of the perm	CERTIFICATION	90 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED		YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
Single Street	S I	21g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	216. TIME OF INJURY HOUR A.M. MONTH I	DAY YEAR 216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEA	A 18 PART 1 OR PART 2)
her this or is the Burio is and Meri	MEDICA	21d INJURY OCCURRED NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE	19 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
CTOR AL		sow the deceased alive a	n 19 19 19 19 19 19 19 19 19 19 19 19 19		death occurred an the date and	, 19, that (I) (we) lo have and from the couses stated
Sy the hose details of the details o	+	22b. SIGNATURE PHYSIC N'S NAME (TYPE	wooh	DEGREE ATTENDING PHYSICIAN [22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
O Flue		Jerem	N- Cool	ce 10400 C	onn Aus	Konsingford
BP		BURIAL, CREMATION, REMOVA (SPECIFY) BULLIAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OF TOWN SILVET Spring	Mantagmany Md
MH - 16 60M 7/84			is J. Collins	7. 250. DA		RASSIGNATURE AND THE RASSICNATURE AND THE RASSICNAT
(VRA 15, 4)			Pud 11 Ciluan		AN 31 1300 A	

500 University Blvd. W. Silver Spring, Md.

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Danzansky-Goldberg Chapels Rockville, Md20852 JAN 43

(VRA 15, 4)

STATE OF MARYLAND



020137	1.	FOR STATE REGISTRAR	DEPA	STATE OF MARY RTMENT OF HEALTH AN CERTIFICATE OI	D MENTAL HYGTENE	6 0 2	2 4	
n 24 hours offer death. Fage 4 may be	70 B Per 10 C S/10 USU 130	Male RTHPLACE ISTATE OR FOREIGN TO COUNTRY) MALLVANIA TY OR TOWN OF DEATH AL RESIDENCE IF MUSING HOME OR OF TAXE TAXE MONTO	THER INSTITUTION GIVE RESIDENCE BE	S. DATE OF BIRTH MONTH December 2 RY? B. MARRIED NEVE WIDOWED SING HOME OR OTHER IN RET ADDRESS) OWN 13d INSIDE Spring YES	TEAR 13.1926 13.1926 15. STANDARD INSTITUTION 120. L TYPE POL E CITY LIMITS? NO 130. STANDARD INSTITUTION 150. STANDAR	ATE OF DEATH MONTH A 4 Gry E (INYEANS LAST BIRTHDAY)	12b KIND OI INDUSTRY	26 HOUR 8 1 9 M 18 UNDER 24 HBS HOURS MIN. MD. F BUSINESS OR 18 Post 2 ad 2090
e death certificate be executed within a otherwise of the	160	Patrick VAS DECEASED EVER IN U.S. ARM	y one couse per line for 10 1, b BY QCUTE DUE TO, OR AS A CONSE	17 Mary 17 Mary 18 Mary 19 Mary		ADDRESS Wife Same	AS 13 APPROXIMATION OF THE PROXIMATION OF THE PROX	MATERITETYAL MATERITETYAL MAYS MAYS
HYSICIAN. The low requires that th nding physician. his certificate has been signed by the buriol-transit permit. Then please red Mental Hygiene prior to buriol, cret or them 18 shows any injury, or other	MEDICAL CERTIFICATION	COUSE (01, stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CO OPEN OF OPERATION 210, ACCIDENT WAS UNDERLYING OPEN OPEN OPEN OPEN OPEN OPEN OPEN OPEN	196 CONDITION FOR WH	TO DEATH BUT NOT RELATION WAS PERD TO THE	REFORMED 280 YE VINJURY OCCURRED (a AUTOPSY? 20b. IF Y	YES, WERE FINDIN TIFYING CAUSES YES []	GS USED
TO HOSPITAL OR ATTENDING Preformed by the hospital or other TO FUNERAL DIRECTOR. After 1 should be detached for use as the with the State Dept of Health and IMPORTANT: If them 21 is marked	7	WMIE DOT WHIE DATE OF A WORK 220.1 certify that (1) (this hospite sow the deceased alive on obove, (1) (we) (did) (did not 226. SIGNATURE 220. PHYSICIAN'S NAME (TYPE OR BRUCE A	only ottended the deceased from the body ofter death Advert PRINT! SILVER	PEG. and that in (n) PEGREE 22e ADDE	ATTENDING ME PHYSICIAN DIRI RESS	OCCUPIED ON THE DOTE ON THE DICAL STAFF ECTOR PHYSICIAN .	22c. DATE	SIGNED
F 5 F 2 7 7	230	BURIAL, CREMATION, REMOVAL	23b DATE 2	30 NAME OF CEMETERY C	R CREMATORY 23	d LOCATION		

DHMH - 16 60M 7/84

BP.

Burial Jan. 13. 1986 Gate of Heaven

24 FUNERAL DIRECTORFrancis J. Collins Jores St. 500 University Blvd., W. Silver Spring, Md. (VRA 15, 4)

Silver Spring Montgomery Md.

250. Date REC.D. By REGISTEAR 256 REGISTRAR S SIGNATURE

STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYPTENE

i	1-	FOR STATE REGISTRAR	DEPARTM		EALTH AND MENTAL HYD ICATE OF DEATH	REG. NO.	4 0
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. ,	TYPE	James	Bruce	Col	lins	Jan 12	-, 1936 M
6	1 5EX	(1	RACE	5. DATE O	F BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
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5			CITIZEN OF WHAT COUNTRY?	8 AAADDIE I	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
6		Virginia	U.S.A.	WIDOWE		Montgomer	4 CO MD.
7	10. CT		. NAME OF HOSPITAL, NURSING			120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
$\subseteq_{\mathcal{I}}$		01001	(IF MOTH SUCH FACILITY, GIVE STREET A	DDRESSI	Pan Homen	LTYPE OF WORK FOR MOST OF WORKING LIE	E) PINDUSTRY P
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5	130 S	TATE 136 COUNTY	13 CITY OR TOWN		134 INSIDE CITY LIMITS?	13. STREET ADDRESS 1 ZIP CODE	nat'l AV. Ziot
	14 FA	THER'S NAME	TONGERO	1	15. MOTHER'S MAIDEN NAM	ME	
C		DEWEY MID	Collins	1	STELLA	MIDDLE	MULLINS
		AS DECEASED EVER IN U.S. ARME		RITY NO.	17 INFORMANT	ADDRESS BA	LO. Note PK
2		IS, NO OR WIKNOWN) (IF YES GIVE W	223-26-	-3516	Puclus COLLINS	Ell-wit City	MA ZION
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2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH O		ACRTIC AUGUS	IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S \[\text{NO} \text{\til\text{\texi{\text{\tex{\tex
7	1570.77	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DA		21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18 P	ART I OR PART 2)
1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19	211 LOCATION		
1	A		(AT HOME STREET, FACTORY, OFFICE, FA	RM, ETC)	STREET	CITY OR TOWN	COUNTY STATE
		AT WORK AT WORK			11.27	1.166	
		22a I certify that (I) (this haspital) saw the deceased alive on	- 1/3/5010	on	nd that in (my) (aur) opinion o	deoth occurred on the date and hou	19, that (I) (we) lost ond from the causes stated
	- 1	above, (1) (we) (did) (did not) v	lew the beautiful douth		DEGREE		22c. DATE SIGNED
		Zau	~ xu		ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	1/13/86
1		224 PHYSICIAN'S NAME CLYPE OR PE	(INI)	-14.7-	22e ADDRESS	2 4	211-1
1		MANIO 14.	0142 40		18111 8RIM	CE PHILIP OX C	linky Md.

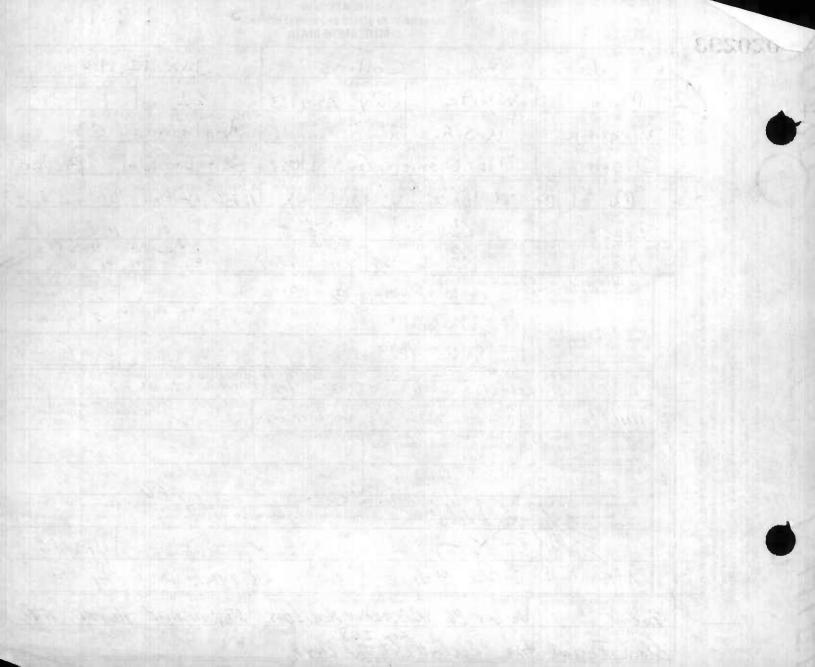
DHMH - 16 50M 4/83 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL

236 DATE

236 NAME OF CEMETERY OF CREMATORY
CREST LAWY MANY

23d. LOCATION



STATE OF MARYLAND

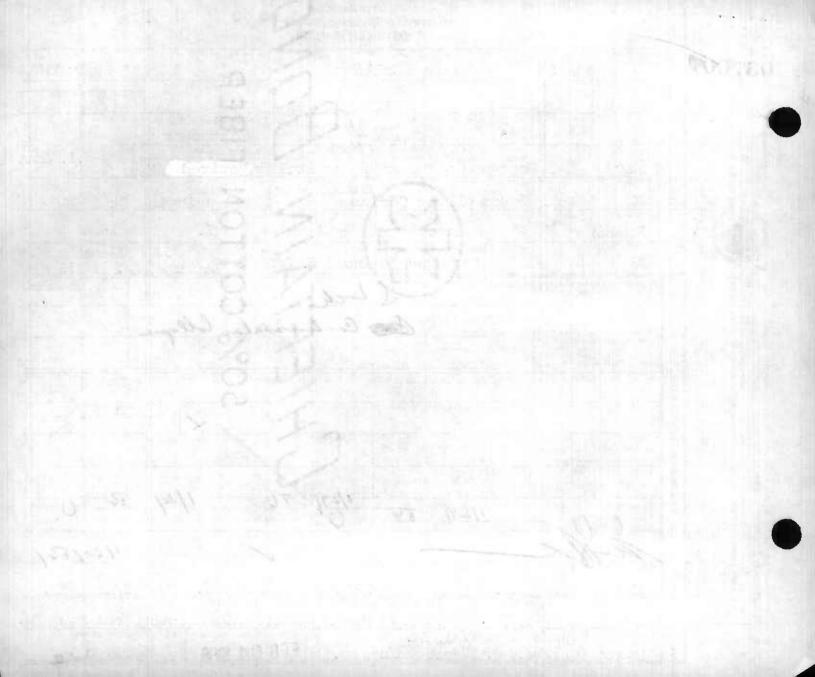
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

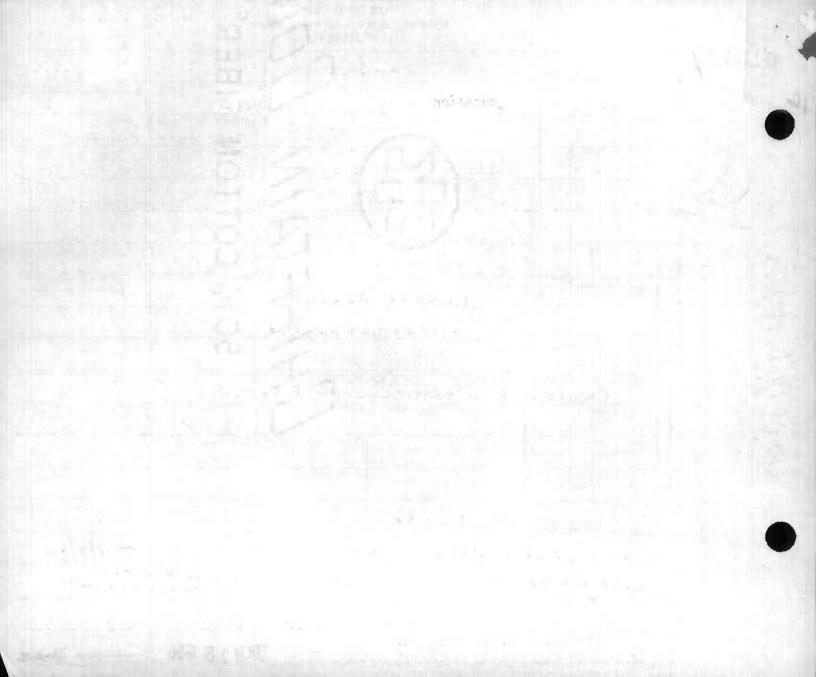
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1	2.5EX	4 RACE		5. DATE O		YEAR	6 AGE (IN YEARS	LAST BIRTHDAY)	IF UNDER	DAYS	NDER 24 H	
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1	76 BIRTHPLACE CHATEOU		F WHAT COUNTRY	MARRIE	NEVER MA	RRIED -	9 BALTIMORE	ITY OR COUN	ITY OF DE	AIH		
4	New York	USA		WIDOWE		RCED 🔲	Mont	gomery				MD.
	10 CITY OR TOWN OF DE	(IF NOT IN	F HOSPITAL, NURSI	TADDRESS)		-	120 USUAL OCC	MOST OF WORKING	GLIFE) IND		L. Co	OR
4	Olney	MOTI C	gomery G		I HOSP.	Ital	Insurar	ice Bro	zeri.	Agen	cy	_
	MD	Montgomer	13c CITY OR TOV	VN		0 🗆	3408 C			2 (0906	
1	Francis	WIDDIE	Berger		15 MOTHER'S M			DDtE •		Hunn		
	160 WAS DECEASED EVE	RINUS ARMED FORCES		URITY NO.	17 INFORMANT		Cau	ADDRESS 54	OA AP	homo	nlo Si	+
	(YES NO OR UNKNOWN)	(1F YES GIVE WAR OR DATES	101-03	-9288	Daniel 1	F. Col	tens R	thesda	Md	20	816	-
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1	Underlying Cour	e 1051										
		INIFICANT CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE OF	CONDITION	GIVEN IN F	PART 1 o		
Я	190 DATE OF OPER.	ATION 196 CON	DITION FOR WHICH	OPERATIO	WAS PERFORM	NED .	200 AUTOPSY		YES, WERE			_
1	E E						YES TO NO	IN CER	YES T	AUSES	OF DEATH?	
Н	210. ACCIDENT WAS U	NDERLYING 716. TIME	OF INJURY		21c HOW INJU	RY OCCURR	ED (ENTER NATURE			PARI 2)		_
1		CAUSE OF DEATH HOUR	A.M. MONTH									
1	OR CONTRIBUTING		P.M. E OF INJURY	19	211 LOCATION	-			11001	-		_
ı		(AT HOME	STREET FACTORY OFFICE.	FARM ETC)	STREET		CI	TY OR TOWN	COL	YIMU	STATE	
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1	obove (we)	alive an (did nat) view the bo	dy after death.		d that in (my) (a	ur) apinian a	learn accurred or	the date and				
1	22b. SIGNATURE	11-			DEGREE	ENDING	MEDICAL	STAFF	27	C. DATE	SIGNED	
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i	22d. PHYSICIAN'S	ME THE DIMENT			22e ADDRESS							
	ALLEN B.	COHAN, M.D.			13975 C	ONNECT	ICUT AVI		ER SP	RING	MD.	
i	230 BURIAL, CREMATION	, REMOVAL 236 DATE			EMETERY OR CRE		23d LOCATIO	OWN	COUNT	TY.	STATE	
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	74 FUNERAL DIRECTOR	Francis J. (appins 7	64			REC'D. BY REGI					
	NAME	maners J.	occurs	16.		FEB		- 22	Davids			

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

10 FUNERAL DIRECTOR: should be detached for un writing State Dept. of Hea





completely filled in by the funeral directors of ond 2 should be filed within 72 hours often

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

STATE OF MARYLAND

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tu	1 -	STATE REGISTRAR				CERTIF	ICATE OF E	EATH	REG.	NO.		*
		CEASED NAME	FIRST	٨	AIDOLE	L.	AST		20 DATE OF DEATH	MONTH	OAY YEAR	26 HOUR D
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1)	3 SEX	Х		4 RACE		5. DATE C			6 AGE (IN YEARS LAST E	IRTHOAY)	MONTHS DAYS	IF UNDER 24 HRS
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3/0		RTHPLACE (STATE OR I	OREIGN	16 CITIZEN OF	ZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED .						NTY OF DEATH	
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pe	10 CI	ITY OR TOWN OF DEA	HTA		NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)			170 USUAL OCCUPA (TYPE OF WORK FOR MOST US AIR	TION	126 KIND C	E BUSINESS OR	
00	Si	lver Spr.	ing		Bel Pre				US AIR	FORC	E RET	TRED
\$ Z	13a. S	AL RESIDENCE (IF NURS	136 COUN	ITY	GIVE RESIDENCE BEFORE		134 INSIDE C		130 STREET ADDRESS	ZIP CO	DDE Road	209nl
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/\$T		Peter		CC	omer		Mary	FIRST	WIOOFE		rizzaff	i
dico.	16a V	VAS DECEASED EVER	IN U.S AF	SED FORCES?	166 SOCIAL SECU				W.Greenv			
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s sho	CERTIFICATION	21a. ACCIDENT WAS UNE	DERLYING			/	21c HOW IN	JURY OCCUR	RED TENTER NATURE OF IN	JURY IN ITEM		
E4		OR CONTRIBUTING (IF EITHER NOTIFY MEDI	,		M. MONTH OF	AY YEAR						
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morked	2	WHILE NOT WE		AT HOME STR	EET FACTORY, OFFICE	TARM, ETC)	SIREE		CITON			JUNE
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21 :		sow the decease	ed olive on	View the body	utter diegth.	, ar	nd that in low	(aur) apinion	death accurred an the	date and	haur and from the	causes stated
H He H		The programme	as	Day	1	N		ATTENDING		AFF	22c DATE	SIGNED
N-T		20 PHYSICIAN'S NA	AME	Empli	1	7 0	22e ADDRES		DIRECTOR PHYS	ICIAN [0
MPORT		Dr.Ch	arle	s Franl	klin		111	20 Nev	W Hamp.Av	e.S.	S.Md.	160
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DHMH - 16 60M 7/B4

TO FUNERAL DIRECTOR. After this certificate hos been should be detached for use as the buriol-transit permit. Il

(VRA 15, 4)

24 FUNERAL DIRECTOR
Hines/Rinaldi

Burial

Dulaney Valley Mem.

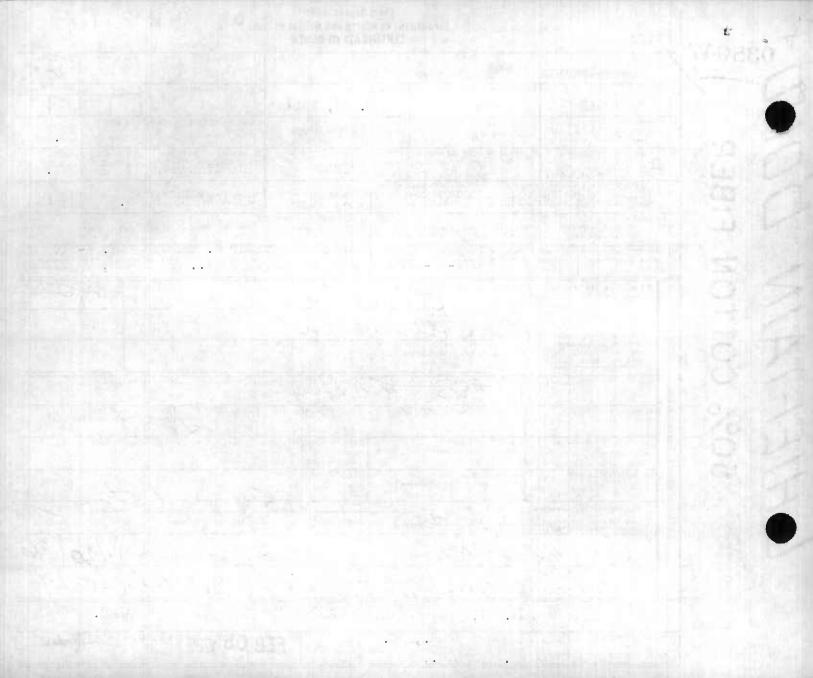
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Silver Spring, Md.

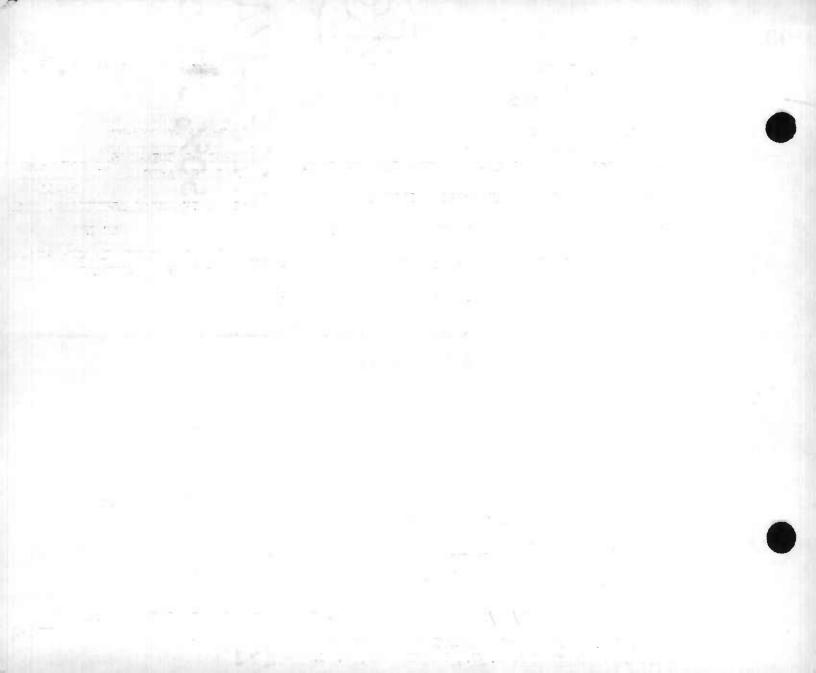
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STATE Md.

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031064	1.	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG	IENE REG. N	0.	Can Can	•
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ge 4 may be ecta page rs after deat	3. SE	x ALE		RACE HITE		5. DATE O	The second secon	6. AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
funeral dir.		RTHPLACE (STATE OR FORE	76. U		WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED D	9 BALTIMORE CITY OR COUNTY OF DEATH			MD.
The day	TA	TY OR TOWN OF DEATH AKOMA PARK	W	WASHINGTON" ADVENTIST HOSPITAL				ADMINISTI		115	OF BUSINESS OR GOVERNMENT
AND 212		AL RESIDENCE I IF NURSING RYLAND		OMERY			136 INSIDE CITY LIMITS?	130 STREET ADDRESS A	ZIP COD	=	20901 VARD WEST
MARYL 11/16/	14. F. H.	ATHER'S NAME ARRY FIRST	MIC	DIE	COHEN		GRACE	WE		MECKI	
IMORE,		MAS DECEASED EVER IN		D FORCES? AR OR DATES)	053-10-3		BRUCE W. (CORT, 10701		LEREIN :	
	N	18 CAUSE OF DEATH (B PART I. DEATH WAS	CAUSED E		A Cute	My	cardial II	+arctum		BETWEEN	MATE INTERVAL ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The low requires that the death and the death and the certificate has been signed by the attending physician. We this certificate has been signed by the attending the certificate has been signed by the attending the certificate has been signed by the and mental Hygene prior to buriol, cremation, or and mental Hygene prior to buriol, cremation, or acceptance of the certificate management of the management of the certificate or the control of the certificate or the certifi	NO	underlying couse	the lost.	(6) DUE TO, C	OR AS A CONSEQUE OR AS A CONSEQUE ONTRIBUTING TO E	NCE OF		INAL DISEASE OR CON	DITION GI	VEN IN PART 111	0'
he law re on. has been to permit. I permit.	CERTIFICATION	19a DATE OF OPERATION	N	196 COND	OITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTI	S, WERE FINDING CAUSES	
HYSICIAN: The hysician doing physician certificate hy burial-transit p i Mental Hygier or frem 18 she was them 18 she was the man 18 she was the was		21a, ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	SE OF DEATH	216. TIME C HOUR A		Y YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART 1 OR PART 2)	
DIVISION DING PHYS or attendin After this can the bure of the bure	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK			OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
OR ATTEND he hospital at DIRECTOR: A ached for use Dept. at Heal		220. I certify that (I) (the saw the deceased a above (I) (we) (did) 22b. SIGNATURE	alive an	1/2	19.8		DEGREE ATTENDING PHYSICIAN	death occurred on the di	ote and had	ur and from the	
TO HOSPITAL retained by th TO FUNERAL should be det with the State		HERWOU HERWOU	B	. 76	299 M	D	220 ADDRESS / CE/	ring Mo		3.6	
BP		BURIAL, CREMATION, REA		236. DATE 1/24/1			EMETERY OR CREMATORY EBANON CEMETED	, ,			
DHMH - 16 50M 4/83 (VRA 15, 4)		ONALD M. ST.		EBREW T. N.		FUNE:	TALL HOME	e rec'd. By registrar	2	TRAR'S SIGNAT	



010099	1.	FOR DEPARTMENT OF HEALTH AND MENTALHYGENE 0 2 2	9
010033	11-	- STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
		DECASED NAME FIRST MIDDLE LAST 70. DATE KNOWN MONTH OF	DAY YEAR 26 HOUR
# 288 F 1		YPE OR PRINT) Refer to Leca 1000 DEATH MATED 1721	10 An 49
OUR PIECE	3. SE	EX 14. RACE 15. DATE OF BIRTH 16. AGE (IN YEARS 1F UNDER 1 YR. 1 IF UNDER 24 HRS. 12. DATE MONTH	SY YEAR 24 KG
RY, PLEAS DIRECTOR OUR FILES 172 HOUR	0	MONTH DAY YEAR LAST BISHDAY) MONTHS DAYS HOURS MIN PRONOUNCED DEAD DEAD JONS 6	TO THE
AS A N N N N N N N N N N N N N N N N N N	7a. 8	RIRTHPLACE ISTAGE OR 76 CITIZEN OF WHAT COLINTRY? IR	OF DEATH
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THE FULL	ID. C	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WEEK 12b)	KIND OF BUSINESS OR INDUSTRY CTY.
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AND	7	STATE 136 COUNTY 136. CITY OR TOWN 13d INSIDE (1TY LIMITS? 130 STREET ADDRESS 20	en Dur
MD. H. H. T. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	14. F	FATHER'S NAME FIRST MIDDLE LAST 15. MOTHER'S MAIDEN NAME FIRST MIDDLE	LAST
DEATH PAND	1	William D. Cosgrave Frances Nich	
■ 依然門のマ	16a.	WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES, NO, OR UNKNOWN) 1 (IF YES, GIVE WAR OR DATES)	
SOL	N		as 13
B NO		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PERW VAL.		IMMEDIATE CAUSE (o)	
AN ALEXAN	13	Conditions, if ony, which	
I W. PREST ED WITHIN PENCIL IN AMINER AL FUNDATAL HYCH CENTAL HYCH COR REMON		gave rise to immediate) (b) (b) (b) (c) (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	2077
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SS. 2		(c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10	
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RECO ILD BE PRENDI PRENDI PRENDI PRENDI L, CREATI	1 1	198. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	B AUTOPSY?
SHOULD BE EX SHOULD BE EX ORD "PENDIN CHIEF MEDIC E USED AS A B T OF HEALTH A URIAL CREW	CERTIFICATION	None	YES NO NO
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SION OF RTIFICATI NG THE V SHOULD PARTMEI RIOR TO	// L	TIME EDIVING LOD TOUR A.M. MONTE VALUE TEAK	
CERTING 3 SHADEPA	MEDICAL	21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 21f. LOCATION	
DIVIS THIS GER WARDED PAGE 3 S STATE DEP	3	WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY	STATE
** [(, ** () -,		22a I certify that I took charge of the remains described above, held on Autapsy . Inspection . Inquiry . and in my opinion	
A STORES		death resulted from: Notural causes . Accident . Suicide . Homicide . Undetermined monner .	,n
EXAM CERTII WITH WARY		TITLE (SPECIFY)	
A THE		ACTUAL SIGNATURE AND CONTRACT SIGNED AND DEED MEDICAL EXAMINER SIGNED	En 6 198%
NA SET TO			Contino Me
TO MEDICAL EXAMINER SECUTE THE CERTIFICA PAGE 4 SHOULD BE FOR TO FUNEAL DIRECTOR BAFTER DEATH, WITH THE BAITIMORE, MARYLAND	1	(TIPE OK PRINT)ADDRESS	Spring, Mo
BATTER	23a.f	BURIAL, CREMATION, REMOVAL 236 DATE 236. NAME OF CEMETERY OR CREMATORY 236 LOCATION COUNTY	STATE
07/B4 BP	B	BURIAL CREMATION, REMOVAL 1236 DATE 1236. NAME OF CEMETERY OR CREMATORY 1236 LOCATION COUNTY BURIAL TRANSPORT 1/8/86 Mt. Olivet Cemetery Frederick Frederick FUNERAL DIRECTOR Francis J. Confelins, Jr. 10 University Blvd. W. Silver Spring, Md. 1236 LOCATION COUNTY Frederick Frederick Frederick Frederick FORMAL OR SILVER Spring, Md.	
DHMH - 17		FUNERAL DIRECTOR Francis J. Collins, Jr. 130 DATE RECO. BY REGISTRAR 256 REGISTRAR'S SIGN	
(VR A15 ME (5))	50	10 University Blvd. W. Silver Spring, Md. 1960 January	mpletic

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FOR - STATE REGISTRAR

STATE OF MARYLAND & DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO	٥.		Ď
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3. SE F	emale	4	White		5 DATE O	oh 19, 1909°	6 AGE (IN YEARS LAST BIR	The state of the s	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
	RTHPLACE (STATE OR FI	OREIGN 7		WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY O	R COUNTY	OF DEATH	MC
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12- 6	at residence (IF NURSI STATE aryland			Bethesd	N	13d INSIDE CITY LIMITS?	5204 Wilso	zip code n Lan	e 20	814
14. FA	Osmon	d M	ÖJohn	Viland		Inger's MAIDEN NAM	D . ove		Askl	and
16a V	WAS DECEASED EVER I		ED FORCES? WAR OR DATES)	577-22-		Herman Cott	ony same as			
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	220.1 certify that (1) saw the decease above, (1) (we) (d					nd that in (my) (our) apinion of DEGREE ATTENDING	MEDICAL STAF	ete and haur	and from the	
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST

DHMH - 16 60M 7/B4 (VRA 15, 4) 236 BURIAL, CREMATION, REMOVAL 236 DATE 2/4/86
24 FUNERAL DIRECTOF VSON Wheeler Fu

Arlington National Cemetery of CREMATORY 23d LOCATION

al Cemetery Town Arlington; Virginia 1250 LA LA DE REGISTRAR'S SIGNATURE

1331 Rockville Pike, Rockville, Maryland 20852

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			STATE OF MARYLAND	5
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OF	TOOD		REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
			CEASED NAME FIRST MADDLE LAST 20. DATE KNOWN ID MO.	NTH DAY YEAR 26. HOUR
		(TYPI	CLEMENCE CIDONIE CONTELET DEATH MATED	2/ 1086 A M
D.A	AL DI ECTOR. A FILES. STON STREET,		3100112	
4	50 - 5E	3. SEX	4. RACE S DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 27. DATE MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED	ITH DAY YEAR 24 HOUR
2	Z Z Z Z		REMAKE CAUCASIAN 3 - 10-1900 REYRS. MONTHS DEAD DEAD	1 21 100 000
4	FOR YOUR STON	70 BI	RTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 8	UNITY OF DEATH
	ASSET T	FO	REIGN COUNTRY) MARRIED NEVER MARRIED	OHIT OF BEATH
9			FRANCE FRANCE WIDOWED B DIVORCED [MONTGO	MERY 6 MD.
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2	O CENTED	R	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE)	and the same of th
1	Second Se	TISLIA	DEKNILLE 12820 HUNTSMAN KANE HOUSEWIFE	AT HOME
/ B - 1	Second Second	13a S	L RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) FATE 138. COUNTY 136. CITY OR TOWN 138 INSIDE (ITY LIMITS? 130. STREET ADDRESS)	20254
(を受ける く		MB MONTGOMETRY ROCKULLY YES NO 12820 HUNTSA	VAN LANGS
9/4	ARSTA	14. F.A	ATHER'S NAME IS. MOTHER'S MAIDEN NAME	.,,.0
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38.0			PAUL NARCISSE JOSEPH BRASSART MARIA	MERCIER
W S	ON O	16a V	VAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 18. NO, OR UNKNOWN) [(IF YES, GIVE WAR OR DATES)	
5 5	GOVE PAGES 1. AND 31 WITH FORM PM. 3. RETAIN PAGES 1. AND 2. SHOULD BE DIVISION OF VITAL RECORDS	("	NO NONE MRS SIMONE CLARKE (S	AME AS # 12)
a 1	の古色なる			APPROXIMATE INTERVAL
12 6			18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
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5 5	SE S	-	(DUE TO, OR AS A CONSEQUENCE OF	
E ES	E SISIE	. 9	Conditions, if any, which	10-11/2015
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\$ 6	SE FES		cause (a) stating the under- lying cause last. DUE TO, OR AS A CONSEQUENCE OF	
20	SEEEE		(c)	
DS.	ANGAGE		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g).	
RECORDS, 201 W. PRESTON ST	SECRIFICATE SHOUD BE EXECUTED WITHIN 24 HITHER WORD. "FENDING" IN PENCIL IN TEM. DED TO THE CHIEF MEDICAL EXAMINER ALONDED TO THE CHIEF MEDICAL EXAMINER ALONDED SHOULD BE USED AS A BURRAL. "FRANSIT PER DEPARTMENT OF HEATTH AND MENTAL HYGIER I PRIOR TO BURIAL, CREMATION, OR REMOVAL.	z		
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I I	S. FBIA	CERTIFICATION	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
E 3	WORD CHIED THE CHIED TO THE CHI	F		YES NO 2
DIVISION OF VITAL	B B B C	<u> </u>	216 EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN 18 PART 1	OR PART 2)
0 8	SHOPE S		UNDERLYING OR HOUR A.M. MONTH DAY YEAR	
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IVISIO		MEDICAL	216 INJURY OCCURRED 210 PLACE OF INJURY (ATHOME. 211. LOCATION STREET, FACTORY, FARM, ETC.) 211. LOCATION STREET / CITY OR TOWN	COUNTY . / STATE
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ů	A RESERVED		22e. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry . ond in m	y opinion
2	¥E # C F €		death resulted from: Noteral couses , Accidegy, Suicide , Homicide , Undetermined monner ,	
	OUED I		TITLA(SPECIFY)	/ /
	\$ 500 E		ACTUAL DO	ATE /////
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Š	THAN TO	1	EXAMINER'S NAME LA COMMONIA	X 75817
	EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FORM TO ELUNEAR DIRECTOR: P AFTER DEATH, WITH THE SIT BALTIMORE, MARYLAND, 2	-	TYPE OR PRINTI	POMESANIA
-	PAT PAT P		JRIAL, CREMATION, REMOVAL 236 DATE 236, NAME OF CEMETERY OR CREMATORY 23d, LOCATION	
31101		(5	DEMATION JAN 22.1986 CHAMBERS CREM. RIVERDALE	P.C.O MARI
16.84	BP	24 FI	JNERAL DIRECTOR 258. DATE REC'D. BY REGISTRAR 258 REGISTRAR	P'S SIGNATURE
	DHMH - 17		NAME ADDRESS A 1006 11 11	
()	VR A15 ME (5))	W	W. CHAMBERS CO. INC. ROCKVILLE, Md. JAN 28 1986 -	redoon-Randelle
	20M 4/82			

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024142	1-	FOR STATE REGISTRAR	DEP A	RTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYD ICATE OF DEATH	6 0 2 GIENE REG. NO.	2 5 2
: 118	(1YPE	CEASED NAME WILLIAM ORPRINTI	AM E	CRE	EECAL	20. DATE OF DEATH MONTH	17 86 8 PM
-	I. SE	Male	White	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	
death of the Think	W	RTHPLACE (STATE OR FOREIGN COUNTRY)	USA	MARRIE		Montgomery	MD.
1 1 68	S	ilver Spring	Holy Cross F	Hospit		124 USUAL OCCUPATION OF TYPE OF WORKIN Banker	126. KIND OF BUSINESS OR INDUSTRY Banking
No.	M	AL RESIDENCE HENURSING HOME OR STATE Aryland 136 COUNTY MOY	ROTHER INSTITUTION GIVE RESIDENCE BE NTY SILVER ST	own oring,	134 INSIDE CITY LIMITS?		lair Dr., 20904
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and and an	16a \	VAS DECEASED EVER IN U.S. AR §5. NO OR UNKNOWN) (IF YES GIV	VE WAR OR DATES!		Robert W.	Creecy-Same	as items #13
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OR ATTENDIN the hospital or to DIRECTOR: Aft oched for use as Dept. of Health if Item 21 is mor		22a I certify that (I) (No hosperson the deceased alive an	on) view the bady alter death.	86 , ar	nd that in (my) (aux) apinian	death accurred on the date and	
O HOSPITAL etoined by the TO FUNERAL should be detromin the Store MMPORTANT: I			ORPRINT) COLW	x 2	10313 Geog	MEDICAL STAFF DIRECTOR PHYSICIAN [08 Silversping Md
BP	_	Burial	1/21/86 F	t. Line	oln Com	Brentwood,	P.G.Co., Md.
DHMH - 16 60M 7/84 (VRA 15, 4)	25	A CONTROL OF	La Jan Lan	Calle	THE ALL LAND	TE REC'D. BY REGISTRAN 256. REC	SISTRAR'S SIGNATURE

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009026	1-	FOR STATE REGISTRAR	DI	EPARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	BIENE 6 O	2 2 5	4
2 35 K		CEASED NAME FIRST DORA	DORA MIDDLE R	CR	OUL	20. DATE OF DEATH	2 1986	3:05 M
ge 4 may	3. SE	EMALE	1. RACE LAUCAS	5. DATE O	27 - 47	6. AGE INYEARS LAST BIR	YRS.	AYS HOURS MIN.
Ou to the	VI	RTHPLACE STATE OR FOREIGN	76. CITIZEN OF WHAT COL	WIDOWE		40.	WTOOMER	MD.
	D	TY OR TOWN OF DEATH GAITHERSBURG	WINDAW WI	SON INCL	th Can Center	SALES PER	SON FU	RNITURE STOR
AND 212 hould be	13a. S	AL RESIDENCE 1# NURSING HOME OF TATE 136. COU THER'S NAME	INTY 13c. CITY O	OR TOWN	13d. INSIDE CITY LIMITS? YES NO 1	13e.STREET ADDRESS	IS ESCOPE ANE	, GATH
MARY omplete ond 2 i		EDGAR .	MIDDLE BARNHO		GERTRUDE	ADDR	STOCKS	LAST
TIMORE, be execu-		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN! NO	IVE WAR OR DATES!	-20-1263	Clarence B.	Crown 130	26 Shady S	17 20874
T., BAL physics mosper encode		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	only one cause per line for (a) SED BY: ATE CAUSE (a)	ibional icil	culm acui	Aut	BETW	-2 Well
25, 201 W. PRESTON Jules that the death of signed by the attends an please remove cont or burial, cremation, or july, or other traumati	Z.	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CO	NSEQUENCE OF	NOT RELATED TO THE TERA	MINAL DISEASE OR CON	IDITION GIVEN IN PAR	tylon
L RECORD	CERTIFICATION	196 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FI IN CERTIFYING CAL YES	
OF VITA ICIAA- g physical critical infolity infolity infolity infolity		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D LIFE EITHER, NOTIFY MEDICAL EXAMIN	EATH HOUR A.M. MON	TH DAY YEAR	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJU	URY IN ITEM 18 PART I OR PAR	(7.2)
DIVISION OF VIT	MEDICAL	21d. INJURY OCCURRED WHILE ON THE ALL WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY	Y, OFFICE, FARM, ETC)	211 LOCATION STREET	CITY OR TO	own count	
TENDING OF USE O			pital) attended the decease on		nd that in (my) (our) apinian	, to to death occurred on the d		that (I) (we) last the causes stated
AL OR the ho al DRE etoche of Dep		226. SIGNATURE	O Ca	× hi	DEGREE ATTENDING PHYSICIAN 122e ADDRESS 77	MEDICAL STA	AFF.	VALE SIGNED
O HOSPIT TO FUNER Thould be a with the So		NUBER	COSCA	14.0	OF NOUVO	D, MD,	480	
BP		BURIAL, CREMATION, REMOVA LSPECIFY) BURIAL	JAN. 4, 1986	Fores	t Oak	Gaithe	rsburg Mo	
DHMH - 16 50M 4/83 (VRA 15, 4)		UNERALDIRECTOR PRANCIS H. BARE	BER LAYTONSV	ILLE, MD.	2.6	AN 6 1985	R 256. REGISTRAR'S SIG	Lun .



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U	20100		REGISTRAR		MED	DICAL EX	CAMINER'S	CERTIFICATE	OF DEAT	H REG. N	10.	
	1	TYP	SED NAME E OR PRINT)	FIRST		MIDDLE		LAST	20	OF ESTI-	MONTH (DAY YEAR 26 HOUR
	Market		AR	CANGEL	40	R. T.	DA	MORE	2010	DEATH MATED [1 / 2	27 1986 13 M
	A SESSE	3. SE		5 D.	ATE OF BIRTH	6			ER 24 HRS. 2		монтн	DAY YEAR 26. HOUR
1	× 6 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		MAIR WELL		8 12	YEAR	YRS. MONT	HS DAYS HOURS	MIN P	RONOUNCED DEAD	/ /	27,086/3" M
1	3222E	70 8	RTHPLACE (STATE OR		ITIZEN OF WH	AT COUNTR	V2 1		9	BALTIMORE CITY	OR COUNTY	
10	田園は世界ファ	FC	REIGN COUNTRY}		11.0	1	MARR	IED NEVER MA	RRIED		_	OI BEATT
	9555	10.0	OHIO TY OR TOWN OF DEA	*11	U.S	14.			RCED L	LOCCUPATION (IY	24012	MD.
	SE SE SE	100	IT OR TOWN OF DEA		IF NOT IN SUCH FAC		ING HOME, OR OTH	IER INSTITUTION	FOR MC	OST OF WORKING LIFE)		OR INDUSTRY
	Too Ba		OCKVICLE	SH			to vowis	THESPITA	L PS	4CHIATRIS	TP	SYCOANACYSIS
- 5			L RESIDENCE (IF IN NUR	SING HOME OR OTHE	ER INSTITUTION, GIV	134. CITY O		138 INSIDE CITY LIMITS		T ADDRESS		7000
212	1			MONTGOZ	HERY		SVILLE	YES NO		. Box 2:	38	20838
9	THE REAL PROPERTY.	14. F	THER'S NAME	MID		LAS		15. MOTHER'S MA	IDEN NAME	WIDDLE		1407
100	3583575	V	DOMENI	- 0	ore ore	B 1 4	NORE	MARI	A	MIDDLE	D. I	RENETTO
100	848-2 V	16a \	VAS DECEASED EVER	IN U.S. ARMED F	ORCES?		L SECURITY NO.	17 INFORMANT	,	ADDRES	S	CHEBETTO
25	E-8-58-8	(1	ES, NO, OR UNKNOWN)	(IF YES, GIVE WAR O	R DATES)	578-	48-1029	JOY D'A	MORE .	2932 UPT	A ST. NO	W. WASH. D.C
2	80 6 8 5 F		CAUSE OF DEAT			for (a) (b) a		10-101.	710100			APPROXIMATE INTERVAL
1	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) PART I DEATH WAS CAUSED BY:								BETWEEN ONSET AND DEATH			
o o	IMMEDIATE CAUSE (a) CAMBIO RESPIRATORY ARREST							ACO TE				
189	MA PAN		Conditions, if o	ny, which	DUL TO, OK			11	1			Α
-	N TA		gave rise to	immediate)	(b) / V)	10 CAR		PARCTI	000	1		HUTE
3	UTED WITH IN PENCIL EXAMINER IIAL - TRAIN O MENTAL ON, OR TE	1	couse (a) stating lying couse last.	the under-	DUE TO, OR	as a conse	QUENCE OF	0		1		
20	D: 1878						515	INDEK				
Q.	A BLOW WATER	-	PART 2 DTHER SIGNIFICANT	CONDITIONS CONTRI	BUTING 10 OF ATH 1	OUT NOT RELATED	TO THE TERMINAL DISEAS	E DR CONDITION GIVEN II	PART 1:0			
9	A ALTH	Ó		BULL	EMIA	-	ORGHNIC	BRAIN	JYN	DROME		
- A	AL HE	CERTIFICATION	190 DATE OF OPERA	TION	196 CONDIT	ION FOR WI	HICH OPERATION W	AS PERFORMED?			-	20 AUTOPSY?
2	S S S S S S S S S S S S S S S S S S S	1							35-4			YES NO D
DIVISION OF VITAL	AEN BOOM	Ü	21a EXTERNAL CAUS		216. TIME OF	MONTH D	AV YEAR 21t. H	OW INJURY OCCU	RED LENTER NA	TURE OF INJURY IN ITEM 11	B PART 1 OR PART 2	
N N	SHOOF	MEDICAL	UNDERLYING CONTRIBUTING		100 010	12		LAPSED	ON Y	COOR AND	D ASPIR	PATED HOMITUS
/ISI	PREPARE	0	214 INJURY OCCURR	ED /	218 PLACE C	OF INJURY	(AT HOME, 21f LC	CATION	1			
ā	WARDE WARDE PAGE 3 212011	×	AT WORK AT W		2.5	OME	Po	. 1304 328	Ras	LEW ILLE	COUNT	10
	IER: THI SATE, W FORWA OR: PAC HE STAT ND, 212								D			1013
	20-5-2		22a certify that		To a	F			1		ind in my opinie	on .
	AAM STIFI SECTOR		death resulted from.	Notural co	uses L.	Accident	, Suicide L	. Homicide L		mined monner	,	
	CERTII CERTII ULID B ULID B I, WITH		ACTUAL		- (1)	1/1/1	0///	ITLE (SPECIFY			DATE	1111
	ICAL EXA THE CER SHOULD BRAL DIR EATH, WI ORE, MAR	1	SIGNATURE	- Marie	Class	1419	LELY	DEFI	MEDIC	AL EXAMINER	SIGNED_	1/2/1/6
	MEDIC CUTE 1 3E 4 SF FUNER FUNER ER DEA	1	EXAMINER'S NAME	Formula	., /	4//	MAULE	8240	11/15/20	rul A to	0	20818
	TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL AFTER DEATH, BALTIMORE, M	22 =	(TYPE OR PRINT)	KINC	1>		111700	ADDRESS 620	TANK CEPT	MUT	67463	or mo
	P M T P M W	Z3a. 8	URIAL, CREMATION, RI		AIE	23c. NA	ME OF CEMETERY C		23d. LOC CITY OF	ATION	COUNTY	STATE
07/8/ 25M	BP	04.5	CREMATION	V JA	V. 29,19	26 4	TAMBERS !	CREMATOR		EXDACE, 1	M5.CO.	MARYLAND
2.5/11	DHMH - 17		NAME DIRECTOR		ADDRESS			25a. DA	TO OR	1 1.	Davidson	-Randall
	(VR A15 ME (5))	CH	AMBERS FU	NERAL 1	40ME	SIWER	SPRING 1	nd It	803	1986 Ficha	> Material at 1000/	-Naviorent

MAKE FIRE BANKE AND HERE WAS TO KNOW LOVE TO STAND OF THE STAND TO THE STAND THE S Constitution of the Sour Trans Page 1 188 CR 198

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

FOR 1 - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	-	 -

1	REGISTRAR		CERTIFIC	ATE OF DEATH	REG. NO.				
DECEASED NAME FIRST Ann		Ray	Davis		Janaury 3	MONTH DAY YEA	4:10 ^A		
1	SEX	14 RACE	5. DATE OF B	2 IDT H	6. AGE (IN YEARS LAST BIRT				
Ľ	Female	Caucasian		3,1900 YEAR	85	AYS HOURS MIN.			
	HIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	11100100	NEVER MARRIED	9 BALTIMORE CITY OF				
7	Maryland	United States	WIDOWED	DIVORCED [Montgomery County MD.				
	COLLA OR TOWN OF DEATH ROCKVILLE	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET ROCKVILLE NU	AODRESS)	Home	Secretar)		nd of Business or TRY Estate		
1	STATE 136 COUL	ROTHER INSTITUTION GIVE RESIDENCE BEFOR NTY WAShing	Ton DH3	INSIDE CITY LIMITS?	13. STREET ADDRESS / 2458 39t1	ZIP CODE 1 Place	200079		
1	Joseph	Gel1ne		Mar y	Grabenst	enstein			
5 16	WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECU 578-84		Joan Ray	hter 680 Bould Beth	oreyswo nesda, Ma	ood Road aryland		
	PART I. DEATH WAS CAUSE	nly one couse per line far (a), (b), ar ED BY, TE CAUSE (a)	DAL	ARR			PROXIMATE INTERVAL VEEN ONSET AND DEATH		
	Canditians, if any, which gave rise to immediate	DUE TO, OR AS A CONSEQU			HEART DUS	ह्मार्च ।	5 405		
	cause (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQU	PAIS	CLERISS			to You		
1	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	DITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO NO			
	An constant to Course of the		AY YEAR	IC HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	IN ITEM 18 PART T OR PAR	T 2)		
	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE		If LOCATION STREET	CITY OR TOW	VN COUNT	Y STATE		
	22a.l certify that (1) (this hasp			that in (my) (vor) o pinion	death accurred an the da	te and haur and fram	that (I) (we) last		
	The SIGN TEST	of view the bady after death		GREE			ATE SIGNED		

(VRA 15. 4)

230 BURIAL, CREMATION, REMOVAL (SPEBUrial 3,1986

Thomas F. O'Connor, M.D.

231 NAME OF CEMETERY OR CREMATORY Glenwood Cemetery

22e ADDRESS

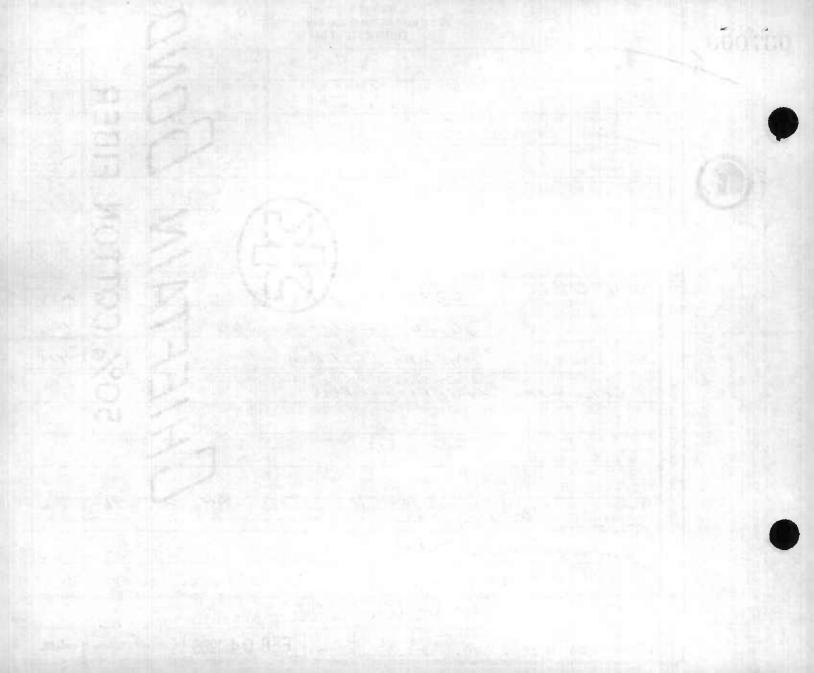
Washington, D.C.

8218 Wisconsin Ave. Bethesda, MD

ATTENDING MEDICAL STAFF
PHYSICIAN X DIRECTOR PHYSICIAN

Jan. 30, 1986

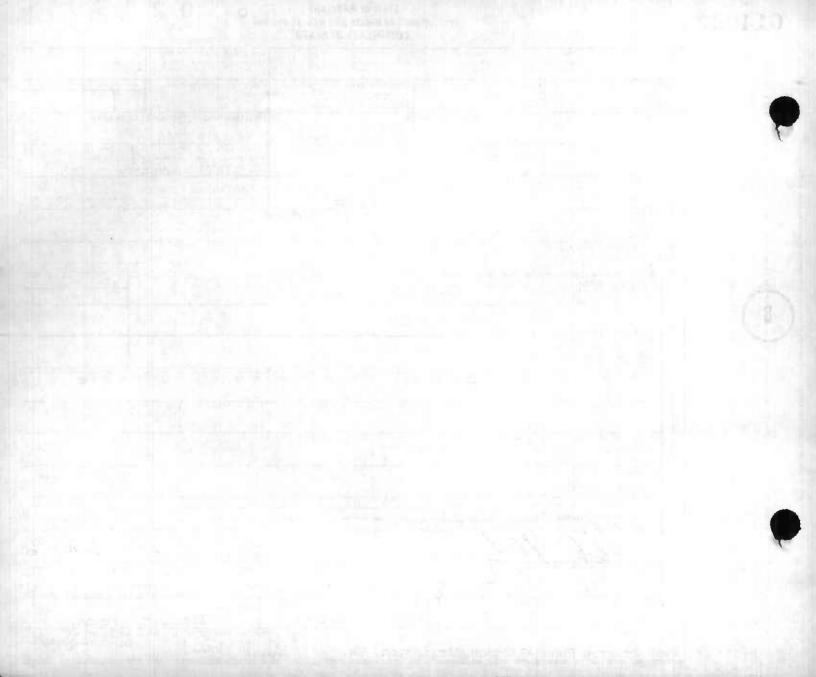
PA, 300 West Montg. Ave. Rockville Maryland 04 1986

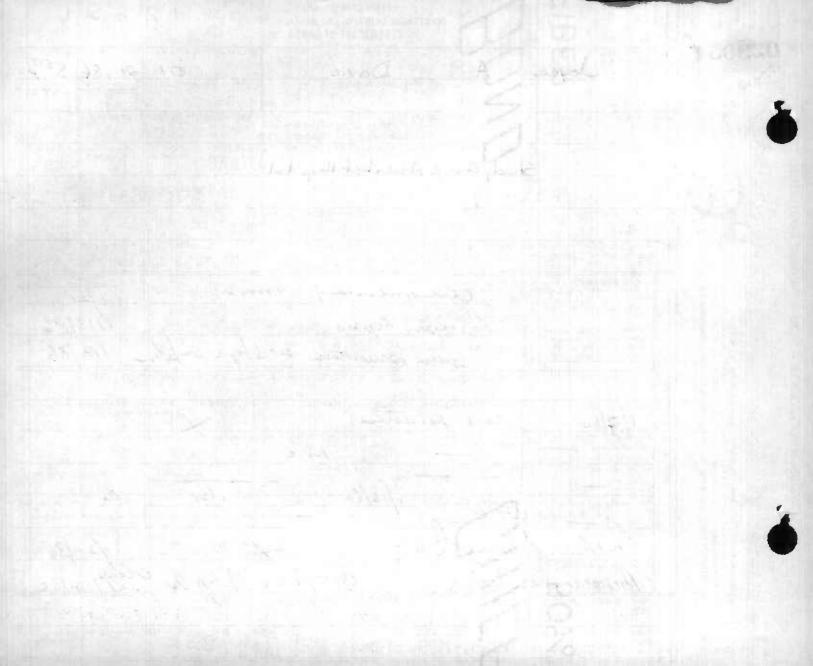


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HIGIEN - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) Auler 72-4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) I. SEX MONTH MONTHS HOURS 69 a BIRTHPLACE 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED 15 MOTHERS MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH :Enter only one cause per line for PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (C DUE TO OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:01 206 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO | 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 220.1 certify that (1) (this haspital) attended the degeased fram saw the eceased alive an. and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave (IV(we) (did) (did nat) view the bady after death. 226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 236. DATE GREMATION, REMOVAL COUNTY D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE PDHMH - 16 60M 1/75 CVR A 15 (4))



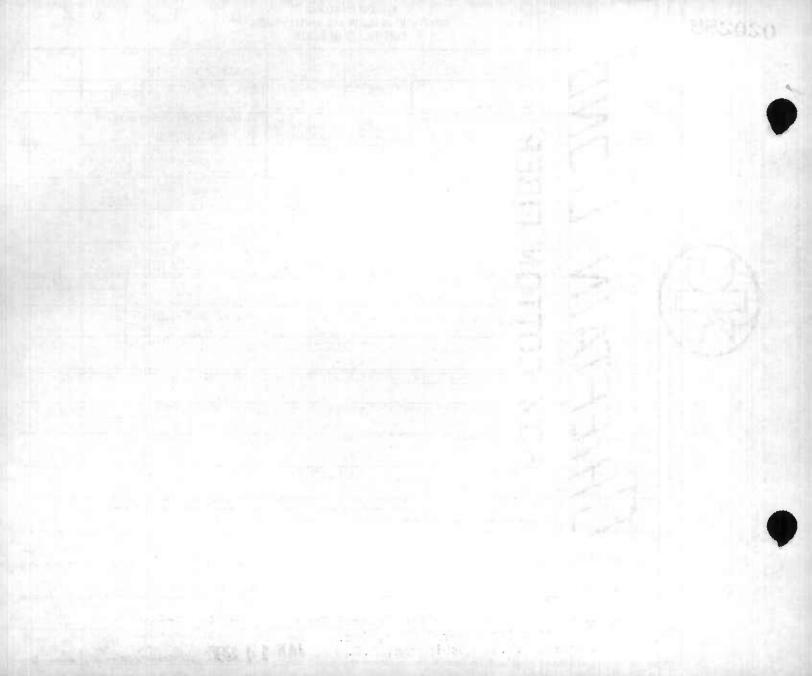
014037	FOR STATE REGISTRAL	R		DEPA	RTMENT OF H	OF MARYLANI EALTH AND MEI ICATE OF DEA	NTAL HYGIE	NE 6	0 2	2 5	9
	I. DECEASED NA	ME FIRST	·	AIGGLÉ	- 1	AST	1	e DATE OF DEATH		DAY YEAR	2b HOUR
be sy be a deoth deoth	(TYPE OR PRINT)	FRANC	ES ES	STES	, DA	VIS		JANUARY		1986	2:30Pm
mo)	3. SEX		4. RACE		5. DATE C		YEAR 6	AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
s of	FEMALE		CAUCASI	AN	NOVE	MBER 15	1918	67	YRS		
P P P	70. BIRTHPLACE	(STATE OF FOREIGN	76. CITIZEN OF V	WHAT COUNT	RY? B	□ NEVER MAI	PRIED 7	BALTIMORE CIT	Y OR COUN	TY OF DEATH	
nero nero		INIA	UNITED	STATE			RCED	MONTGON	ÆRY		MD.
softer of	BETHESD		11. NAME OF H	HOSPITAL, NU HEACILITY, GIVES NAVAL H	RSING HOME C TREET ADDRESS) OSPITAL	R OTHER INSTITU	JI NOITU	2d USUAL OCCUP TYPE OF WORK FOR MO RETIRED	ST OF WORKING	LIFE) INDUSTRY	USA.
212	USUAL RESIDENCE	E (IF NURSING HOME O		GIVE RESIDENCE B		13d. INSIDE CITY	HAAITS2 1	se STREET ADDRES		/11	1466
No 24 Filled	VIRGINI				TCKSBUR		0	408 GREE		/ /	r 22401
ryLA rtely 2 sh	14 FATHER'S NAM		MIDDLE	LAST		15. MOTHER'S M		wiaati			
w ba w pale and	STAR	KE I	URRETTE	ESTE	S	HAT	TIE		LINE	ANI	DERSON
BALTIMORE, MARYLAND 2120 The be executed within 24 hours incon and completely filled in by opers. Pages 1 and 2 should be fill The matrix of the complete of the control	160 WAS DECEAS	SED EVER IN U.S. AL		166 SOCIALS	SECURITY NO.	17 INFORMANT		ADI	DRESS		
IMO n on n	NO OR UNK	(IF YES, GI	VE WAR OR DATES)	232-2	6-1254	BARBARA	ALICE	Dicicco	9014 AI	NDROMEDA	A DRIVE
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BAING PHYSICIAN: The law requires that the desertation physician to been signed by the order of the orst he bursal permit. Then pleas remove contamonate the ond Amental Hygiene prior to bursal, remedian, accessed or them 18 shows any injury, or other thousand orked or them 18 shows any injury, or other thousand.	Candition: gave rise couse ro underlying	s, if any, which ta immediate	DUE TO, OR DUE TO, OR DUE TO, OR (c)	RESPIF RAS A CONSE LUNG RAS A CONSE	EQUENCE OF CARCINON	AILURE IA		VA. 2203			XMATÉ NITERVAL ONSET AND DEATH
L RECO	190 DATE C	F OPERATION	196 CONDI	TION FOR WH	HICH OPERATIO	N WAS PERFORM	MED	200 AUTOPSY?	IN CERT	ES, WERE FIND TIFYING CAUSE YES	INGS USED S OF DEATH?
DF VITAN: THe physicic rificote sl-transition to Hygin and Hygin a	OR CONTRAIN	NT WAS UNDERLYING [UTING] CAUSE OF DE	ATH HOUR A.	M. MONTH		21c HOW INJU	RY OCCURRE	D (ENTER NATURE OF	NJURY IN ITEM 18	B PART I OR PART 2)	
VISION OF PHYSIC	21d. INJUR	OCCURRED	21e PLACE C		FICE, FARM ETC)	211 LOCATION STREET		CITYO	RIOWN	COUNTY	STATE
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ATTEN rospital rector red for up of He pt of He		ne decealed alive a						ath accurred an th			
Al OR Al OR Al DIRE	22b. SIGOVA	di	Mely				ENDING YSICIAN	MEDICAL S DIRECTOR PHY	TAFF SICIAN	Mr. DAT	JAN 86
NER DE STITAN	22d. PHYSIC	IAN'S NAME	OH PRINTS			220 ADDRENA	VAL HOS	SPITAL, N	AVAL N	ÆDICAL	COMMAND,
ro Hos etained Tro Fun with the	JOH	IN P. MEH	EGAN, ZIT	MC USI	1						MD. 20814
		MATION, REMOVA	L 794 DATE		23¢ NAME OF C	EMETERY OR CRE		23d LOCATION		COUNTY	STATE
all BP	Buria	al	Jan 4	1986	Grandvi	ewCemete	ery	A1	lentow	n. Pen	na.
DHMH - 16 60M 7/84	24 FUNERAL DIR	ECTOR		4000			25a. DATE	REC'D. BY REGISTR	AR 25b. REGI	STRAR 8 SIGNA	TURE A PROPERTY
(VRA 15, 4)		arson Fun	eral Hom	es, Ar	lington	. Va.	JAN	7 1986	1	AT THEN THE TO	- Indiana



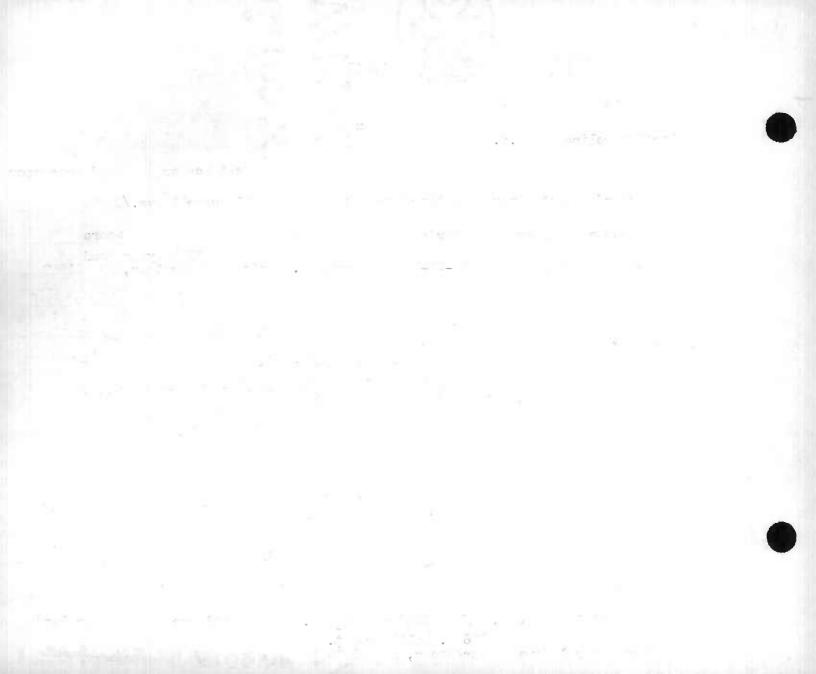


4217 Washington, D.C.

HMH - 16 60M 7/84



036100	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE U 2 REG. NO.	203
nooy pe	1. DECEASED NAME (TYPE OR PRINT) THOM	15 THOMAS	DAVIS	20 DATE OF DEATH MONTH	G 25 HOUR 25 HOUR 25 M
4 moy tor, pag after de	3. SEX Male	4 RACE Caucasian	5. DATE OF BIRTH MONTH DAY 12 1896	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
Poga direc	70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY OR COUN	
deoth. I	North Carolina	U.S.A	WIDOWED DIVORCED	Monto	iomery mo.
by the f	Gaithers bure	(IF NOT, IN SUCH FACILITY GIVE STREET	1th Care Center	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Meat Packer	12b. KIND OF BUSINESS OR INDUSTRY Food Processo
filled in ould be	USUAL RESIDENCE IN NURSING HON 130 STATE Maryyland Mon	FOR OTHER INSTITUTION, GIVE RESIDENCE BEFORD THE STREET OF TO CONTROL OF THE STREET OF	re admission) NN 13d. INSIDE CITY LIMITS? rsburg YESX NO [13e.STREET ADDRESS / ZIP CO 211 Russell Av	DE /20877
ampletely ond 2 st	M. FATHER'S NAME George	Ross Davis	15. MOTHER'S MAIDEN NA FIRST Sabra	WIDDLE	Moore
ond co	160 WAS DECEASED EVER IN U.S. (YES. NO OR UNKNOWN) Yes	GIVE WAR OR DATES)	URITY NO. 17. INFORMANT	3261 Hy avis Taneyto	ser Road wn. MD 21787
d by the attention Thyle strategy and by the attention and a property of the strategy of the s	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DIATE CAUSE (0) DUE TO, OR AS A CONSIDE (b) DUE TO, OR AS A CONSIDE (c)	o-vascula a	lureis is	yene yens -
n. nos been signe permit. Then p ne prior to bu ws ony injury.	PART 2 OTHER SIGNIFICA O 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	no allow	DEATH BUTTON RELATED TO THE TANK HOPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
DING PHYSICIAN: The cotending physicior of the cotending physicior after this certificate hie os the buriol-tronsis polity and Mental Hygien morked of Item 18/how	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O LIFE EITHER, NOTHLY MEDICAL EXAM 21d. INJURY OCCURRED WHILE NOT WHILE	DEATH HOUR A.M. MONTH	DAY YEAR 19 211 LOCATION	CITY OR TOWN	(COUNTY STATE
hospital hospital hospital six Hed for us them 21 is	22a.1 certify that (I) (this h	ospital) attended the deceased from a on the solution of the s	(D) GREE	n death occurred on the date and l	, 19, that (I) just lost nour and from the causes stated
TO HOSPITAL O retained by the TO FUNERAL D should be detact with the State D MAPORTANT. If I	220 PHYSICIAN'S NAME (T	WARD, 6	116 Rowins	MEDICAL STAFF DIRECTOR PHYSICIAN	1/25/86 Iskn 20817
	230. BURIAL, CREMATION, REMO (SPECIFY) Burial		NAME OF CEMETERY OF CREMATORY Dudon Park Cem.	23d LOCATION CITY OR TOWN Baltimore	COUNTY
BP DHMH - 16 50M 4/83 (VRA 15, 4)	24 FUNERAL DIRECTOR Skiles Funeral	136 E Ba		TE REC'D. BY REGISTRAR 25b. REG	Mary Land ISTRAR'S SIGNATURE



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	STATE OF MARYLAND
OR	DEPARTMENT OF HEALTH AND MENTAL HY
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- 5	REGISTRAR				REG. N	O		
	1. DECEASED NAME FIRST (TYPE OR PRINT) Eduth	MILLS De	Jano		20. DATE OF DEATH	1-13	3-86	7 PM
1	Female	White		18, 1916	6 AGE (IN YEARS LAST BIR	YRS	FUNDER I YEAR	HOURS MIN.
5	70 BIRTHPLACE (STATE OR FOREIGN Connecticut	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIE	D MEVER MARRIED	9 BALTIMORE CITY C Montg	omery	OF DEATH	MD.
)	10. CITY OR TOWN OF DEATH Bethesda	11. NAME OF HOSPITAL, NURSIN	pital	OR OTHER INSTITUTION	Tree Housewil			F BUSINESS OR
K				150 [] 110 []	12105 Charl	es Roa	d 2090)6
Ĵ	Clarence	O. Mills		Ethel	MIDDLE		Coope	ir
1	160 WAS DECEASED EVER IN U.S. AR	RMED FORCES? VE WAR OR DATES) 166 SOCIAL SECU 077-07-6		Charles	G.		Delane	MATE INTERVAL
,	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (190 DATE OF OPERATION 190 DATE O	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO CONDITIONS CONTRIBUTING TO CONDITION FOR WHICH	ENCE OF LINGS		NAL DISEASE OR CON 200 AUTOPSY?	20b. IF YES,	N IN PART 116	NGS USED
,	OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTHY MEDICAL EXAMINE) 21d. INJURY OCCURRED AT WORK 22a. I contry that (1) (this hospoor the deceased alive and the decease alive	P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE F. stoll) attended the deceosed fram 19 8 31 view the back after death.	19 ARM ETC)	216. HOW INJURY OCCURRING THE PROPERTY OF THE	eath occurred on the d	own late and haur of	COUNTY 9 DC , ond from the county 22c DATE	SIGNED
	230. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation	1/16/86	Cedar	EMETERY OR CREMATORY Hill Cremator	y 23d LOCATION Suitla	nd, Ma	ryland	STATE
	1331 Rockville P	n Wheeler Funera ike, Rockville, M	l Hon d. 208	ne. Inc. JAN	REC'D. BY REGISTRAR 1 2 2 1986	fiche da	AR'S SIGNA	ande Bl.

DHMH - 16 60M 7/84 (VRA 15, 4)

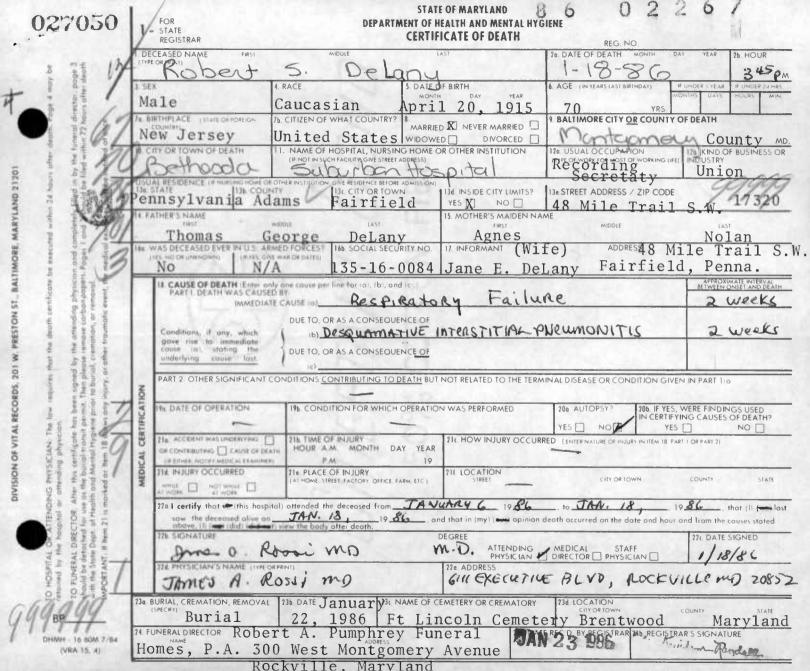
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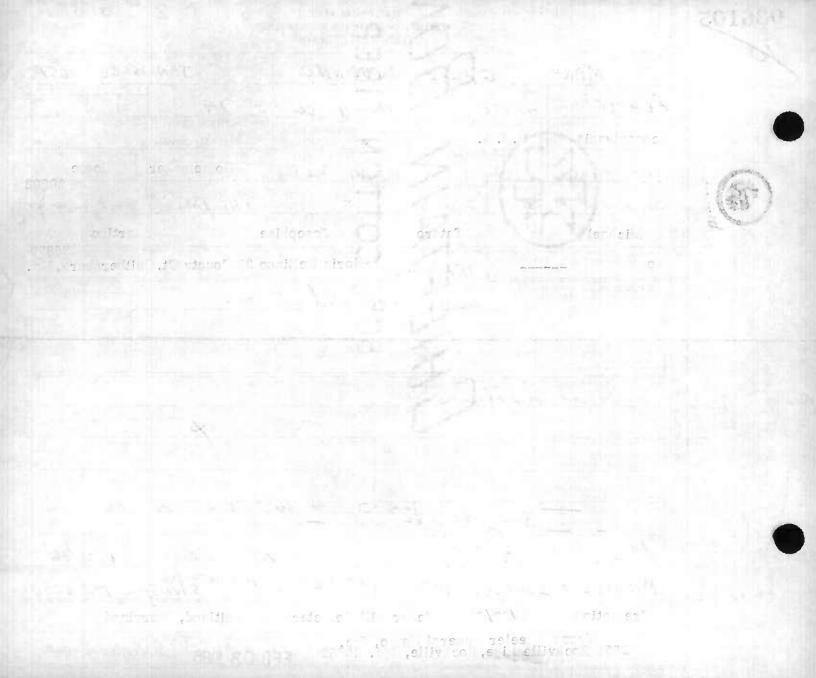
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	1	FOR	STATE OF MARYLAND 8 6 0 2 2 0) 0
020148	1-	STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
020140	1.00	REGISTRAR CEASED NAME FIRST	REG. NO.	
		E OR PRINT	IN DATE KNOWN TO MONTH	DAY YEAR 75 HOUSE
新新年	-	Van	vos Lenoy Delaney DEATH MATED JOY	D 1986 #M
PLEA RECTO R FILE STREE	1. SE	m BIK	5 DATE OF BIRTH AGE (IN YEAR) AGE	DAY YEAR 2 HOLL
ARY LOIR YOUR YOUR	1		Muy 10 25 S YRS. DEAD JANA	1982 XM
	7a B	RTHPLACE (STATE OR	76. CITYEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNT	Y OF DEATH
60 TO 100 - 200 - 100 -		WASh. D.C.	U.S.H. WIDOWED DIVORCED DIVORCED DI	formery MD
AV S MACE MACE	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR MOST OF WORKING LIFE)	12h KIND OF BUSINESS OR INDUSTRY
ACC #87	1	25 Park	wash Advent Hora Custodian	
SERVICE SERVIC	USU, 13a. S	AL RESIDENCE (IF IN NURSING HOME TATE 13b. COUL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) NTY 136. CITY OR TOWN 136. INSIDE (11Y LIMITS) 136. STREET ADDRESS	21991
第 多名斯克斯	1	Md N	1 cm/ Viloc YES NOW 1026 ghrebe	cter
8 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	14. E.	ATHER'S NAME	MIDDLE LAST IS MOTHER'S MAIDEN NAME	TZAL
A ARTHUR	1	NVA1K	R Delaney HAMIE DOGSON	,
M MANAGAN	16a. \	VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS PHE	inhouse St
AND		NO	1578-24-3642 Gladus JACKSON Hyattsuit	ile md.
1. 18 W. T. C.	1	IB. CAUSE OF DEATH (Enter o PART I DEATH WAS CAUSE	nly ane cause per line far (o), (b), and (c).	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
10000			ATE CAUSE (0) A cute Myochdial Dxp	
# 3 15 5			DUE TO, OR AS A CONSEQUENCE OF	
E39758		Conditions, if any, which gave rise to immediate	e / (b)	
≥ 64 5 E N 0	13	couse (a) stating the <u>under</u> lying couse last.	DUE TO, OR AS A CONSEQUENCE OF	
S SYNAMO			(c)	
MA PROPERTY OF THE PROPERTY OF		PART 2 OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0).	
RECORDS LD RE EXECUTE PENDING MEDICAL PENDING MEDICAL CREMATI AN CREMATI	CERTIFICATION	None		
VITAL RECO	1 3	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	2D AUTOPSY?
ASSERTED TO SECOND	1 =	now		YES NO NO
BIVISION OF VITAL SCRIFICATE SHOU RDED TO THE CHIEF RE 3 SHOULD BE USE E DEPARTMENT OF HOUSE OI PRORT TO BURBLE		21a. EXTERNAL CAUSE WAS	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 216. HOW INJURY OCCURRED GENTER NATURE OF INJURY IN ITEM 18 PART I OR PAR	T 2)
ISION RETIFIC NG THOU SHOU	MEDICAL	CONTRIBUTING CAUSE OF		
IVIS DEP DEP	1 2	21d. INJURY OCCURRED WHILE ON NOT WHILE IT	21e PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COU	INTY STATE
#34745		AT WORK AT WORK	Citrokiown Cou	
DIVIS TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNEAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DER BALTMORE, MARYTAND, 2120 PR	144	22a. I certify that I took char	rge of the remains described above, held an Autapsy . Inspection . Inquiry . ond in my opi	inion
MINISTER SECTION AND SECTION A	1.3	death resulted from: Natu	ural causes 2. Accident Suicide . Hamicide . Undetermined monner .	
WARY WARY		11	TITLE (SPEÇIFY)	
A HE HALL	1	ACTUAL SIGNATURE	M.D. DRA MEDICAL EXAMINER SIGNED	En 81988
MOR A SI		EXAMBLER'S NAME		
A LEE A SECONDA		EXAMMER'S NAME (TYPE OR PRINT)	ADDRESS	
E24204	23e. B	JRIAL, CREMATION, REMOVAL	CITY OR TOWN COUNT	TY STATE
07/84 BP		Burial	1-13-86 Harmony Mem. Park Landover, Pr. 0	Geo, MD
DHMH - 17	24. F	INERAL DIRECTOR	246 N. Washington St. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S ST	A MATURE
(VR A15 ME (5))		eorge R. Snowd	en Rockville, MD 20850	

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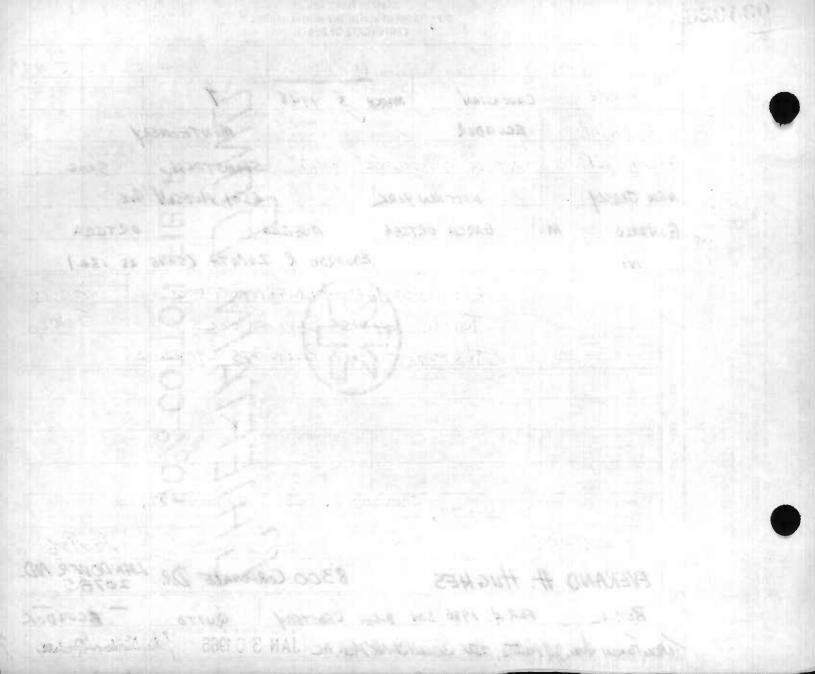


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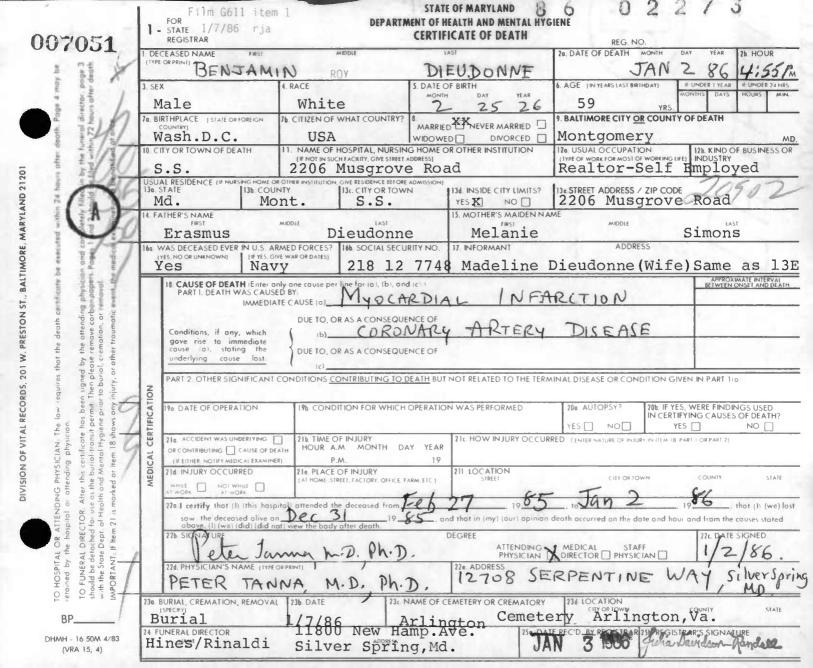
034026 STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME MIDDLE 20 DATE OF DEATH 2b HOUR TTYPE OR PRINT OLANDA 86 an 3 SEX 4 RACE AGE INYEAR 45T BIRTHDAY) IF UNDER I YEAR 1948 CAUCASIAN 7ª BIRTHPLACE Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH (STATE OR FOREIGN NEVER MARRIED ECUADOR MONTGOMER WIDOWED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY SEAMSTRESS USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13b COUNTY 13e STREET ADDRESS / ZIP CODE WEST NEW YORK HUDSON FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE ORTEGA GARCIA ORTERA 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. **ADDRESS** 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) ZAPATA (SAME AS 13e. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY. KEKTROW IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 NO IFICATI 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO YES [218. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 211 LOCATION 20 21e. PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE, FARM ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from Taniany 8 sow the deceased alive on <u>Tannary 27</u>30 bove, (N (we) (did) (did not view the body after death. 86..., and that in (my) (our) apinion death occurred on the date and hour and from the couses stated 226 SIGNATURE MEDICAL ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN 230 BURIAL CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY BP. BURIAL 24 FUNERAL DIRECTOR 250 DATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH-TO 60M 7/84

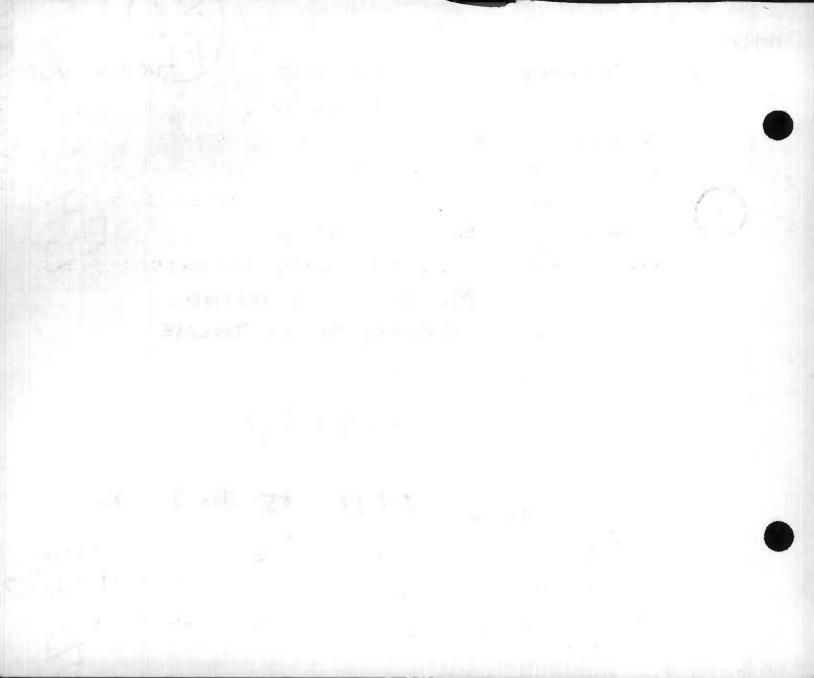


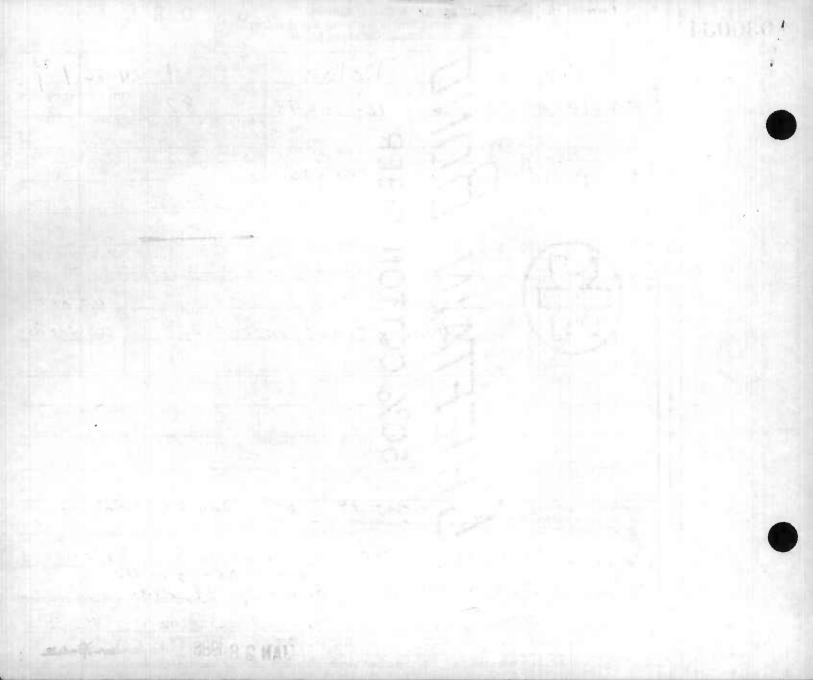
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noy be poge 3	AlFor	Alfonso Mode M. De Bo	DiBattista	1-29-86	DAY YEAR 26 HOUR // 105 Npm
ge 4 mo	Male	White S DATE OF MONTH NOV.	15 1889	6 AGE (IN YEARS LAST BIRTHDAY) 96 YR	MONIHS DAYS HOURS MIN.
arth Pog	O. BIRTHPLACE (STATE OR FOREIGN COUNTRY) taly	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED WIDOWED	☐ NEVER MARRIED ☐	Montgomery	
s offer o	Wheaton	11. NAME OF HOSPITAL, NURSING HOME OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Manor Care Nursing	F-12-34	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Barber	IZE KIND OF BUSINESS OR INDUSTRY Barbar Shop
AND 213	136 STATE 136 COL	Washington, D.	MES NO	136 STREET ADDRESS / ZIP CO 2210 Sudbury	ODE Rd. N.W. 20010
fed within	14 FATHER'S NAME FIRST Benedetto	DiBattista	s MOTHER'S MAIDEN NAM FIRST Settimia	WIDDLE	Falcione
., BALTIMORE, MARYLAND 2120 ficote be executed within 24 hours ficote be executed within 24 hours ficote be executed within 24 hours fitting completely and the fitting fittin	160 WAS DECEASED EVER IN U.S. A [YES, NO OR UNKNOWN] [IF YES, C	RMED FORCES? INDEX WAR OR DATES) 166 SOCIAL SECURITY NO. 579-01-8685	Dorothy Guns	ADDRESS Salus. Same as	item 13.
W. PRESTON ST or the death cert. by the ottedding se remove Garbo cremation, or re	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT N	SAN	nal disease or condition	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CICUMONICATION GIVEN IN PART 110
N: The law re hysician hysician transit permit. Hygiene prior 18 show any	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERATION	WAS PERFORMED	20a AUTOPSY? 20b. IF IN CE	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \ NO \
ON OF HYSICIA HYSICIA Burial-t Mental-t ar them	OR CONTRIBUTING CAUSE OF D LIFEITHER NOTIFY MEDICAL EXAMIN 214 INJURY OCCURRED	HOUR A.M. MONTH DAY YEAR	21c HOW INJURY OCCURRI 211 LOCATION STREET	ED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2) COUNTY STATE
TENDI ortol or or use of Heal	27a certify that (I) (fits hese sow the deceased alive a obove, (I) (wes tolks) (did r	not View the body ofter death	that in (my) (Que) opinion d	to Ton 29	hour and from the causes stated
TO HOSPITAL OR AT TO FUNERAL DIRECTOR Should be detached from the State Dept.	Thomas E.	achooley, Tyll	ATTENDING PHYSICIAN (4)	MEDICAL STAFF PORCETOR PHYSICIAN PHY	10 DATE SIGNED 10-29, 1964 11 208, 2
999999	230 BURIAL, CREMATION, REMOVA	236 DATE 236 NAME OF CE	METERY OR CREMATORY Heaven Cemete	23d LOCATION	COUNTY STATE
DHMH - 16 60M 7/84 (VRA 15, 4)		ph Gawler's Sons Inc., N.W. Wash.		REC'D. BY REGISTRAR 256 REC	

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TO HOSPITAL

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

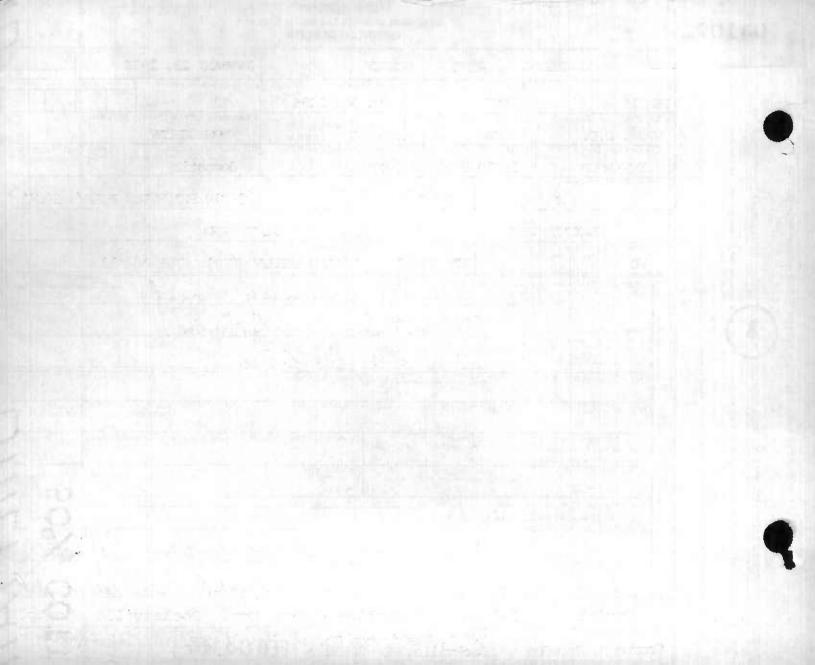
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	CEASED NAME	FIRST		MIDDLE	D	LAST	20. DATE OF DEATH		YEAR	26 HOUR pm
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3 SE			4 RACE		5. DATE (DAY WEAD	6 AGE (IN YEARS LAST BIR	THDAY) IF L	INDER I YEAR	HOURS MIN.
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В	ethesda		Fernw	ood House	ADDRESS)	DR OTHER INSTITUTION	170 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Agent		IZE KIND C	OF BUSINESS OR
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_	210. ACCIDENT WAS UN	CAUSE OF DEA	TH HOUR A	OF INJURY .M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I OR PART 2)	
MEDICAL	(IF EITHER NOTIFY MED			OF INJURY	19	711 LOCATION				
MEC	WHILE NOT W			REET, FACTORY OFFICE	FARM ETC)	STREET	CITY OR TO	WN	COUNTY	STATE
	22a I certify that (I saw the decease				86.	nd that in (my) (correpinion of	deoth occurred on the d	19. ote and hour or	_	
i	She she			ur la			MEDICAL STA DIRECTOR PHYSIC	FF CIAN [Jan.	27,1986
	776 PHYSICIAN'S N Thomas F			M.D.		8218 Wisc. A	venue Bethe	sda, Ma	rylan	.d
	SPECIFYEntombn	ent	30, 1	986 Ga	ite of	EMETERY OR CREMATORY Heaven Cemet				
24 FU	NATS 5 7 LI	Kober	in Aven	mpnrey Ft	meral	Homes, 250 DAT	E REC'D. BY REGISTRAR	256, REGISTRA	R'S SIGNAT	Mandall

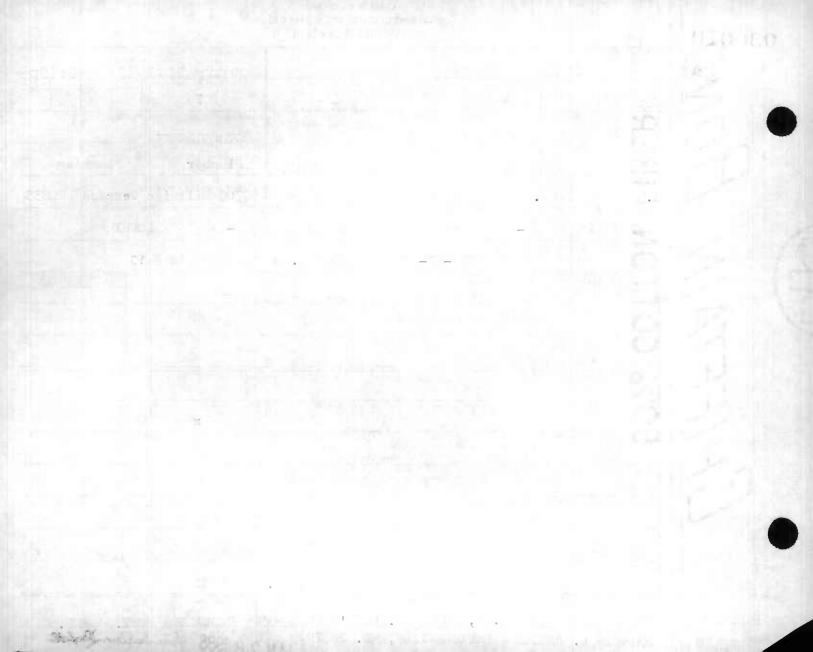
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036102		REGISTRAR	MEDICAL EXAMI	NER'S CERTIFICATE O	F DEATH REG. NO	
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FEED STREET	1 SE	4. RACE 5. D	ATE OF BIRTH 6 AGE (IN	YEARS IF UNDER TYR. IF UNDER	24 HRS 2c DATE	MONTH DAY YEAR 24 HOU!
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32726	70.0	IRTHPLACE (STATE OR 7b.	CITIZEN OF WHAT COUNTRY?	YRS.		R COUNTY OF DEATH
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5 40 3 2	10 C	ITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HOME IN NOT IN SUCH FACILITY, GIVE STREET ADDRESS	ME, OR OTHER INSTITUTION	170 USUAL OCCUPATION (TYPE	OF WORK 126 JAIND OF BUSINESS OR INDUSTRY
36236	$M_{\cdot}/$	BETHESDA .	SUBURBHN 1	HISPITAL	FOR MOST OF WORKING LIFE)	RET.) U.S.A.F.
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0 -05 0	160	JAMES EDO	FORCES? 16b. SOCIAL SECUR	CATHER	ADDRESS	PRILLEC
MIT PARTICION /	- (ES, NO, OR UNKNOWN) (IF YES, GIVE WAR	OR DATES)		11. ()	9717 SINGLETON DR
BALTIMORE, JRS AFTER DEA1 3. GIVE PAGES WITH FORM DIVISION DEAT		YES WW		0860 Amy C. D.	ONNELLY (WIFE)	BETHESDA, MD. 288
		18 CAUSE OF DEATH (Enter only on PART I DEATH WAS CAUSED BY	e cause per line far (a), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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DI W. PED WIT A PENCINAL - TRAMINI AL - TRAMINI AN OR R. N. OR R.		cause (a) stating the under-	DUE TO, OR AS A CONSEQUENCE	E OF		
EXA EXA ON,		lying cause last.	(c)			
	8 18	PART 2 OTHER SIGNIFICANT CONDITIONS CONTI	RIBUTING TO DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION GIVEN IN PA	RT 1 to	
ECORDS D BE EXECTED MEDING* AREA BUCAL AS A BUCAL AS A BUCAL CREMATH AN	Z	N .	MCINOWA OF Y	4		
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PER SECTION AND AND AND AND AND AND AND AND AND AN	MEDICAL	WHILE NOT WHILE	218 PLACE OF INJURY (AT HOME, STREET, FACTORY FARM, ETC.)	21f. LOCATION STREET	CITYOR TOWN	COUNTY
DIVISION BER: THIS CERTIFIC CARE, WRITING THE CORWARDED TO OR: PAGE 3 SHOL HE STATE DEPART ND, 21201 PRIOR	1	AT WORK AT WORK	Home	97174NGLETO.	NDY BETHESE	SA MONT MA
R: T NTE, DRW PR: P E ST D, 2		220 certify that I taak charge of	the remains described above, held an	Autapsy Inspection	n D. Inquiry A. and	In my opinian
A SA SEA				Suicide . Hamicide	Undetermined manner	in my opinion
EXAMI CERTIFICOLD BE DIRECTOR BE DIRECTOR WARYL		account country and a second		TITLE (SPECIFY)	Ondetermined mainter	, /
MICAL EXA SHOULD FERAL DIRE FEAL DIRE FEAL WITH ORE, MARK		ACTUAL	- Muuli h	W DEPT		DATE 1/2 c/d
SE S		SIGNATURE	- unyung	M.D. Surr	MEDICAL EXAMINER	SIGNED 12016
AED CUN F 4 TEN	1	EXAMINER'S NAME (TYPE OR PRINT) - FRAN	CI CI MANIE	ADDRESS \$200W	Lessen Den Ro	THESDA MA
TO MEDICAL EXAMINER: THIS CEL EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P	222.6		43 6 111.466	ADDRESSS	123d. LOCATION	11 CSDF 1-10
	230.8	URIAL, CREMATION, REMOVAL 236 D	ATE 23c. NAME OF C		CITY OR TOWN	COUNTY
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DHMH - 17	74.1	NAME	ADDRESS	FEB	Le D. DI MEDIOINAM ILD MEDIO	TRAN'S SIGNATURE
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041071	1 - :	FOR STATE REGISTRAR			DEPARTA	MENT OF H	EALTH AND MENTAL HY	GIENE REG. NO	la ha			
oge 3		ASED NAME	FILE		ANE D	ORSEY	AST	JANUARY 23, 1986				
ge 4 mc ector, p	3. SEX FEMALE			BLACK S DATE OF BIRTH OCT. 30, 1895			6 AGE (IN YEARS LAST BIR	(HDAY) IF MO		HOURS MIN.		
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be exection and crist. Pages	160 WA	S DECEASED EVER NOOR UNKNOWN)		WAR OR DATES)	579-44-5		HORACE DORS	Dall Street	ME AS		W to W to	
physic physic movope emovol.	1	PART I. DEATH W	H (Enter only AS CAUSED IMMEDIATE	BY.	line to al, (b), one	lio	pulmera	y arre	A	BETWEEN	AATE INTERVAL NSET AND DEATH	
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CIAN: The low required g physicion. errificate has been ingred iol-tronsit permit. This permit and Hygiene prior to buring fem 18 shows ony injury, or	NOL	ART 2 OTHER SIGN					NOT RELATED TO THE TER/	200 AUTOPSY?	20b. IF YES, IN CERTIFY!	WERE FINDIN	GS USED OF DEATH?	
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NG PHY: offer this offer this though And A	WED	HILE NOT WE AT WO		21e PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE	
ATTENDI Septiol or ICTOR: A 3 for use 1. of Heol		20 I certify that (I) sow the decease above, (I) (we) (ed olive on_	1/21	186 19	, or	d that in (my) (our) opinion	deoth occurred on the de		and from the c		
ITAL OR by the ho sea detached by the horizontal DIRE and detached by the last the l		26 PHYSICIAN'S NA	ell	ell	Cener	hm	ATTENDING PHYSICIAN	MEDICAL STAI	FIAN []	1/3	U/86	
TO HOSPITAL (retained by the TO FUNERAL Is should be detoonly the Store Impropriately Imprograms: #		KA	RE	-5H			15 E. Aec.	yark Dr.	Caitt	evshor	x, mp	
BP	{SP	RIAL, CREMATION, ECFBurial	KEMOVAL	23b. DATE 2-1-8			lem Church			-	Montg.	
DHMH - 16 50M 4/82 (VRA 15, 4)		orge R. S	nowder	2 Pa	46 N. Was	hingt MD	on St.	B 03 1986	296. REGISTRA	SIGNAT	MID	





35137	1.	FOR STATE REGISTRAR		DEPARTN	CERTIFI	OF MARYLAND EALTH AND MENTAI CATE OF DEATH		O REG. NO		9
dest 3		CEASED NAME FR		Robert		rumm	SR 20.0		5,1986	26. HOUR 1825
ge 4 mo)	3. SE	Male	4 RACE White		5. DATE O	F BIRTH 22, 1921 EAF		E (IN YEARS LAST BIRTI		YEAR IF UNDER 24 HR
2 10 m		RTHPLACE (STATE OR FOREIC VITGINIA	76. CITIZEN OF V	WHAT COUNTRY?	MARRIED WIDOWEI	NEVER MARRIED			county of DEAT ntgomery	TH A
(M)	I	TY OR TOWN OF DEATH	Shadu	Grove STREET	Adver	NOTHER INSTITUTION		SUAL OCCUPATION		nd of Business of htseeing
filled hould	13N		ontgomery	GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMIT	_	3635°Shac	lyside Lan	e 20874
mpletely and 2 s	IA F	ATHER'S NAME Ralph	G. MIDDLE	Drümn	n	Lena Lena	EN NAME	WIDDLE	Bu	cks
quires that the death certificate be execute signed by the attending physician and contribute places remove carbon papers. Pages to buriel, cremation, or removal. The F. C. Mayle	160	VAS DECEASED EVER IN U	.S. ARMED FORCES? YES. GIVE WAR OR DATES)	166 SOCIAL SECU 579-18-		Patricia	Drum	n same as		
	CATION	gave rise to immedia cause (a), stating underlying cause la	DUE TO, OI	gle Ros	DEATH BUT	Laftre NOT RELATED TO THE	E TERMINAL I	DISEASE OR CONE		RT 1+o
sicion. ote has been as permit ygiene prio	CERTIFICAL	190 DATE OF OPERATION 120 210. ACCIDENT WAS UNDERLY	ALS	Dype FINJURY	box	WAS PERFORMED	YE	AUTOPSY?	20b. IF YES, WERE F IN CERTIFYING CA YES TO THE PART LORPAR	USES OF DEATH?
OR ATTENDING PHYSICIAN. The haspital or attending physical DIRECTOR, After this certifical order for use as the burial-transpect of Health and Mental Highem 21 is marked or them 18 them 21 is marked or the	MEDICAL	OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL E) 21d. INJURY OCCURRED WHILE NOTWHILE AT WORK	ZIE PLACE		19	211. LOCATION STREET		CITY OR FOW		TY STATE
		22a.1 certify that (1) this saw the declared of obave (1) the (did) 22b. SIGNATURE	did now view the body	after death.		d that in (my) our) or DEGREE			te and hour and from	DATE SIGNED
TO HOSPITAL retained by the TO FUNERAL should be det with the State		224 PHYSICIAN'S NAME DO GGLAS		NAMAR		ADDRESS AND RESS	5 Wor	LE, MI	MERY A	
BP	23a.	BURIAL, CREMATION, REM	1/28/	/86 G:	ate of	Meaven Cei	metery	LOCATION CITY SILVER	Spring, N	Maryland ¹⁶
DHMH - 16 50M 4/B2	24. F	uneral director Tys 1331 Rockvil	on Wheeler	Funeral lekville. M	Home, Iarvla	Inc. nd 20852		D. BY REGISTRAR	Sb. REGISTRAR'S SIC	SNATURE - Mandal

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7557 Wisconsin Ave. Bethesda, MD

STATE OF MARYLAND

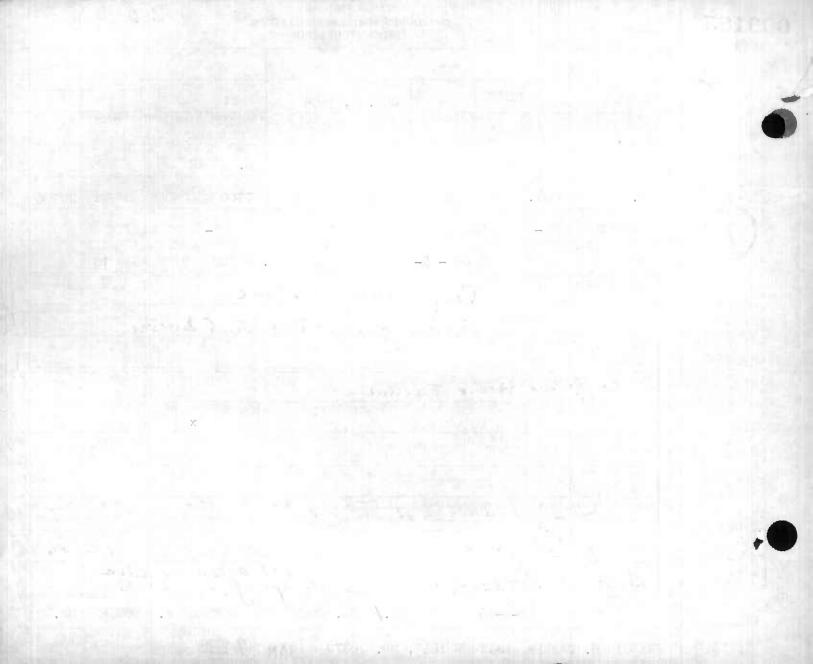
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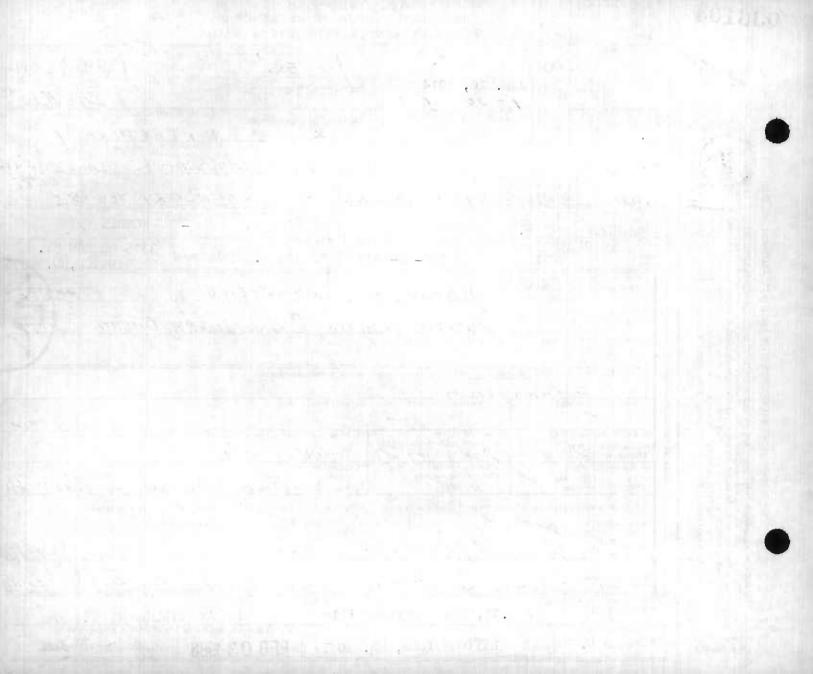
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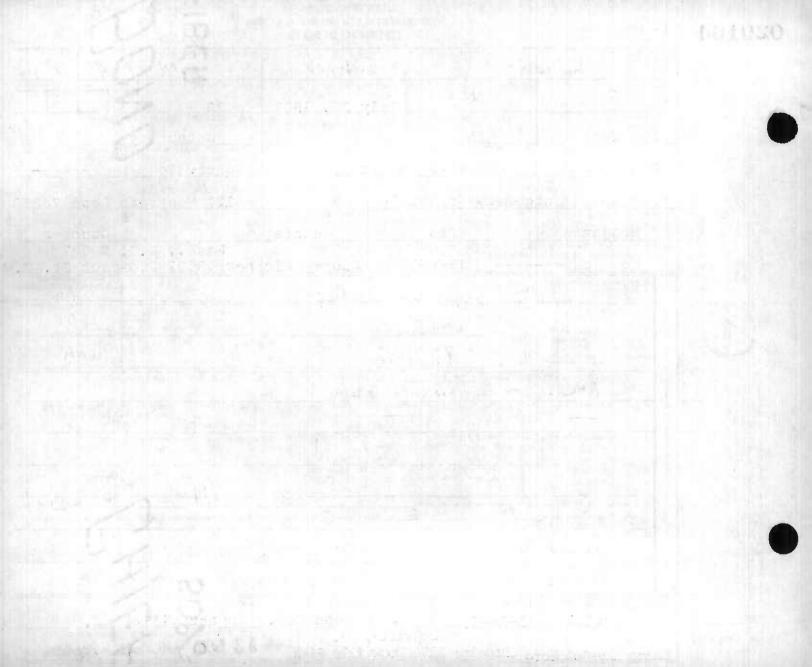
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03	6104		FOR		DEPARTMENT O	TATE OF MA	RYLAND ND MENTAPHY	STENE 0	2 2	8 2	
0 13			STATE CH	ARLES M	EDICAL EXAM	INER'S CE	RTIFICATE OF	DEATH RE	EG. NO.	10.1	
	X		EASED NAME	FIRST	MIDDLE	LAS	EARP,	SR 20. DATE KNOW	NN D MONTH	DAY	YEAR 26 HOUR
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	STATE OF STA	1.5E) N		S PANOF BZY			RTYR. IF UNDER 2	MIN PRONOUNCED	MONTH	DAY	YEAR 2d HOUR
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	の数は年間	FC	REIGN COUNTRY)				NEVER MARRIE		_		ın
	THE STATE OF THE S		TY OR TOWN OF DEAT	TH. TI NAME OF H	OSPITAL, NURSING H	WIDOWED	3.66		GOW ON (TYPE OF WORK		MD.
	佐田野野 20	1		CIF NOT IN SUCH	FACULTY, GIVE STREET ADOPE	(SS)	H-00-1-1	LANDSCAP	FE1	OR IN	DUSTRY .
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9	T NOW AS	14. F	THER'S NAME	MIDDLE	1		MOTHER'S MAIDEN	NAME			4
2	\$25 S		CHARLES	W.	EARP		SARAH	MIDDLE	NORRI		
IMO	PAGEN /	(7	S, NO, OR UNKNOWN)	N U.S. ARMED FORCES? (IF YES GIVE WAR OR DATES)	166 SOCIAL SECU		INFORMANT	AD CONTRACT	DR 3315 C	BERON	ST.
BALT	PAG NEST /	Y	ES	WWII	216–12–	4385	REGINA M.	ZIMMERMAN			MD.20895
1	NAT. W		III CAUSE OF DEATH	(Enter only one cause per i	ine far (o), (b), and (c).			~		BETWEEN	XIMATE INTERVAL
NO	A WENT THE			IMMEDIATE CAUSE (a)	MYOCARD	1th	NEAR	410N	A	H	CUTE
TEST	MARKEN		Canditions, if ar		OR AS A CONSEQUEN		1		1		15 .0
	HAN SER		gave rise to i	mmediate (b)	RTBRIOSCL		CHAN	OUBCURTU	DISON	Set /	NOSF
50	N. O. N.		lying couse lost.	me dider	OR AS A CONSEQUEN	CE OF					
8	AND AND AND		PART 2 OTNER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEA	IN BUT NOT BELATED TO THE	TERMINAL DISEASE OR	CONDITION CIVEN IN PART	1.0			
80	SA SA SEM	2	=			TERMINE GISENSE ON	CONDITION OFFER IN TAKE	1103			
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TA	385555	1 ×								YES	□ NO □
0	MEN NEW NEW NEW NEW NEW NEW NEW NEW NEW N	CRETER	210 EXTERNAL CAUSE		OF INJURY	EAR . 21c HOW	INJURY OCCURRED	ENTER NATURE OF HUJURY IN	ITEM 18 PART I OR F	ART 2)	
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DIVISION	S S S S S S S S S S S S S S S S S S S	A A	214 INJURY OCCURRE	/	E OF INJURY (AT HOM ACTORY, FARM_PTC.)	E, 21f LOCA	TION	CITY OR TOWN	C	OUNTY A	STATE
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	SAS SAS		22a. I certify that I t	took charge of the remains	described above, held a	in Autopsy	, Inspection	D. Inquiry D.	ond in my o	pinion	
	WENT THE WAY		death resulted fram:	Natural Causes U,	Accident .	Suicide .	Hamicide	Undetermined monner			
	WAR WAR		ACTUAL	- 6	Much	110	TITLE (SPECIFY)		DATE		1. 1/11
T.	SHEER -	1	SIGNATURE	munic.	may	M.D.	0 87-1	_MEDICAL EXAMINER	SIGN	ED 1	29/16
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	PAGE PAGE TO THE BALL	23e.B	JRIAL, CREMATION, RE	MOVAL 23b DATE	23¢ NAME OF	CEMETERY OR C	REMATORY	23d. LOCATION		01.7	
02/84	BP	1	BURIAL	JAN.31,		onsville		23d. LOCATION CITY OR TOWN LAYTONSVII	LE M	ONT.	MD
25M	DHMH - 17		INERAL DIRECTOR	4000			250. DATE RE		REGISTRAR'S		
	(VR A15 ME (5))		FRANCIS H.	BARBER LAY	TONSVILLE,	MD. 208	79 FEB	03 1986	Ma David	son-Aan	delle



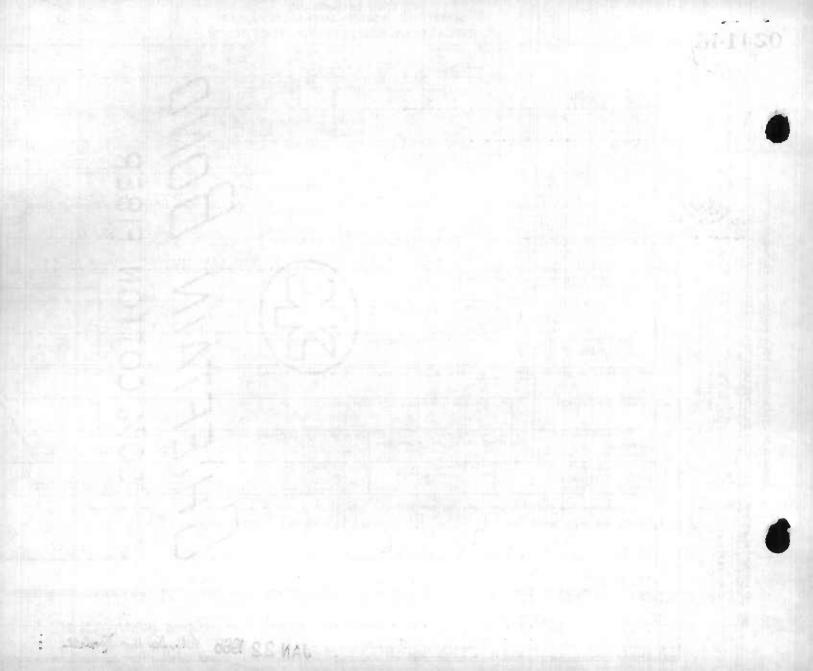
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OKOTO4	1.	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.				
	I. DE	CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR			
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roy b	3. SE		14 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHOAY)	IF UNDER TYEAR IF UNDER 24 HRS			
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oge oge			The state of the s	July 30, 1902	83 YRS.				
Po Po Po Po		IRTHPLACE (STATE OF FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNT	Y OF DEATH			
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our se fi	USU	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION GIVE RESIDENCE BEF	ORE ADMISSION)					
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sho sho		aryland Mon	tgomery Rocky	7111e YES X NO 1	1 6121 Montro	se Road 2085			
With day		FIRST	MIDDLE	FIRST	WIDOLE	LAST			
par du		Benjamin	Katz	Jennie		Drucker			
De Co		WAS DECEASED EVER IN U.S	ARMED FORCES? 166 SOCIAL SE	CURITY NO. 17 INFORMANT	Wash D.	C. 20007			
te be expected on the med		No	213-74-	-3487 Sidney Ei	chner; 3521 Pr				
		18 CAUSE OF DEATH (Enter	only one cause per line for (a). (b).			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
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by bring	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YE	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?			
he ho	E					ES NO			
ysic cot	Ü	21a. ACCIDENT WAS UNDERLYING	Line in the second	21c HOW INJURY OCCU	IRRED (ENTER NATURE OF INJURY IN ITEM 18	PART T OR PART 2}			
CIA p ph printing ol-trol	¥	OR CONTRIBUTING CAUSE OF		19					
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Z Z Z O E O		AT WORK		1/3	1/9	. 86			
ATTEND aspital of CTOR: A differ use in a differ in a			spital) attended the deceased from	(*)	n deoth accurred on the date and ha	, 19, tho (1) we) last			
ATT SSP of d fo d fo m 2		obove ((I) (we) (did) (did	ng I view the body ofter death.		n deoth occurred on the dote ond no				
OR Dep The		226. SIGNATURE	Ω	DEGREE ATTENDING MEDICAL STAFF 120. DATE SIGNED 1-9-01					
Y th Y th ZAL det det		raynung	Ban	PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1-9-86			
TO HOSPITAL retained by the TO FUNERAL should be deto with the State IMPORTANT: II		226 PHYSICIAN'S WAME (TYP		22e ADDRESS	n . 1 - 4	1			
O HOSS etoined TO FUN should b		PAYMOND	BASS	3929 Fer	raia Dr. Wheatin i	4d 20906			
5 5 6 8 3 A	23a.	BURIAL, CREMATION, REMOV	AL 23b. DATE 23	c. NAME OF CEMETERY OR CREMATORY	23d LOCATION				
BP		(SPECIFY)		Mt. Lebanon Cem	CITY OR TOWN	STATE YTUUOD			
	24 F	Burial UNERAL DIRECTOR	1-11986		 Hyattsville ATE REC'D. BY REGISTRAR 256. REGIS 				
DHMH - 16 50M 4/B3		NAME			1 3 1986 Julia la				
(VRA 15, 4)	Di	anzansky-Goldbe	erq Chapels; 117	U KOCKVILLE Pike	- a sand Lower	CALEGRAPH &			



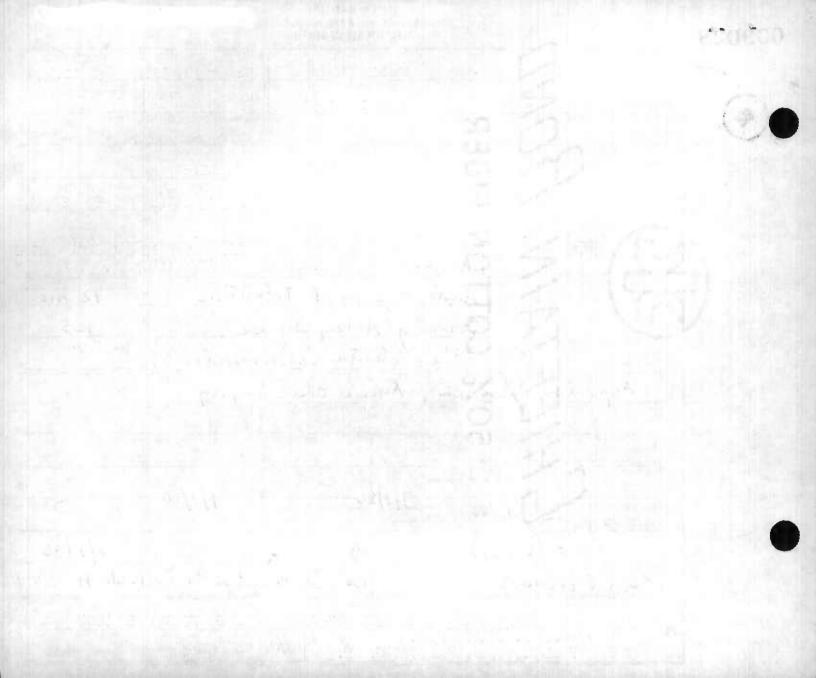
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See 1 12 2 196 Side Ant Holy Cross Hospins

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HIGHER 1 - STATE 024146 REGISTRAR DECEASED NAME a DATE KNOWN X (TYPE OR PRINT) DEATH MATED JOHN 4 RACE 5. DATE OF BIRTH 6 AGE IN YEARS DATE 2d HOUR PRONOUNCED DEAD L-13-8619 9:47E MALE WHITE JULY 23 1963 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE O MARRIED NEVER MARRIED Montgomery County WASHINGTON, D.C. 124 USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Holy Cross Hospital Silver Spring SAFEWAY STORE ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS BALTIMORE, MD, 21201 136 COUNTY MARYLAND NO [11602 MONTICELLO AVENUE MONTGOMERY FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE 10.SEPH FANFILT SAARINEN 166 SOCIAL SECURITY NO ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) LIF YES, GIVE WAR OR DATES! NO 212-78-1956 JOSEPH J. FANELLI FATHER SAME AS 13 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Multiple injuries IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (4) CERTIFICATION 19g DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF HE PRIOR TO BURIAL, YES 🗌 NO 🗌 21g EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING SOR passenger of an auto/fixed object impact CONTRIBUTING TICAUSE OF DEATH 218 PLACE OF INJURY (AT HOME. 21f. LOCATION Silver Spring, Maryland STREET, FACTORY, FARM, ETC.) WHILE AT WORK PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH-WITH THE STATE I BALTIMORE, MARYLAND, 21201 street Viers Mill Rd. Autopsy X 22a I certify that I took charge of the remains described above, held an Inspection Inquiry and in my apinian Accident X Suicide Homicide Undetermined monner Notural causes TITLE (SPECIFY) 1-14-86 Assistant MEDICAL EXAMINER SIGNATURE Margarita.Korell, M.D. 111 Penn Street EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION HARTFORD. CONN MT ST. BENEDICT CENETERY HARTFORD. 25M FRANCIS J. COLLINS. JR. **DHMH - 17** (VR A15 ME (5)) 500 UNIVERSITY BLVD. W. SILVER SPRING. MD



STATE OF MARYLAND



STATE OF MARYLAND - STATE REGISTRAR 024020 DECEASED NAME 20 DATE KNOWN (PT (TYPE OR PRINT) OF ESTI-DEATH MATED Eugene Edward Fasano 4 RACE DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED HOURS 16 69 DEAD Male White LOUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR MARRIED NEVER MARRIED Montgomery County Pennsylvania U.S.A. DIVORCED A CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Rockville Crabb Avenue Retired Air Force 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Rockville 520 Crabb Avenue Montgomery 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Sciafillo Fasano Güiseppe Adelaide 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) 11700 DLD COLUMPIA: PIKE 1935-1957 Yes 208-22-1793 Charles Fasano SILVER SPAYL MD 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE O Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 Id CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20 AUTOPSY? YES [NOX 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY AT HOME 21f. LOCATION AT WORK NOT WHILE 220 I certify that I took charge of the remains described above, held on Homicide 1/15/86 EXAMINER'S NAME Francis C. Mayle 8200 Wisconsin Ave. Bethesda, MD 230. BURIAL, CREMATION, REMOVAL 236 DATE 1/21/86 Arlington National Cemetery Arlington, Virginia BP 07/B4 ²⁴ FUNERAL DIRECTOR Tyson Wheeler Funeral Home, Inc. 1331 Rockville Pike, Rockville, Md. 20852 25M 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) in Day doon - handels

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Silver Spring, Maryland

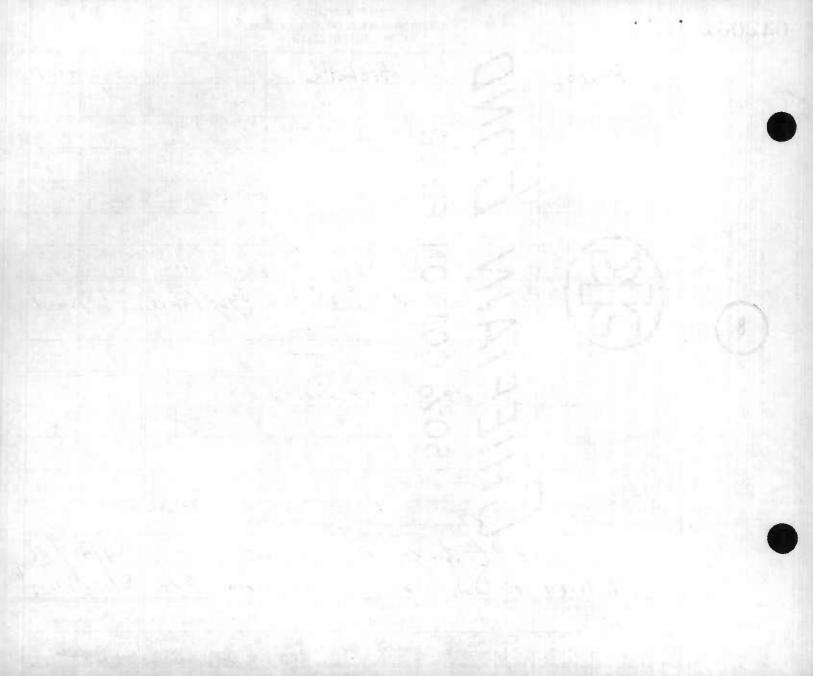
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Chambers Funeral Home

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DHMH = 76 60M 7/84 IVRA 15, 41

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) , and that in (my) (aur) opinion death accurred on the date and have and from the causes stated

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7h HOUR

126. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

22c. DAJE SIGNED

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Construction

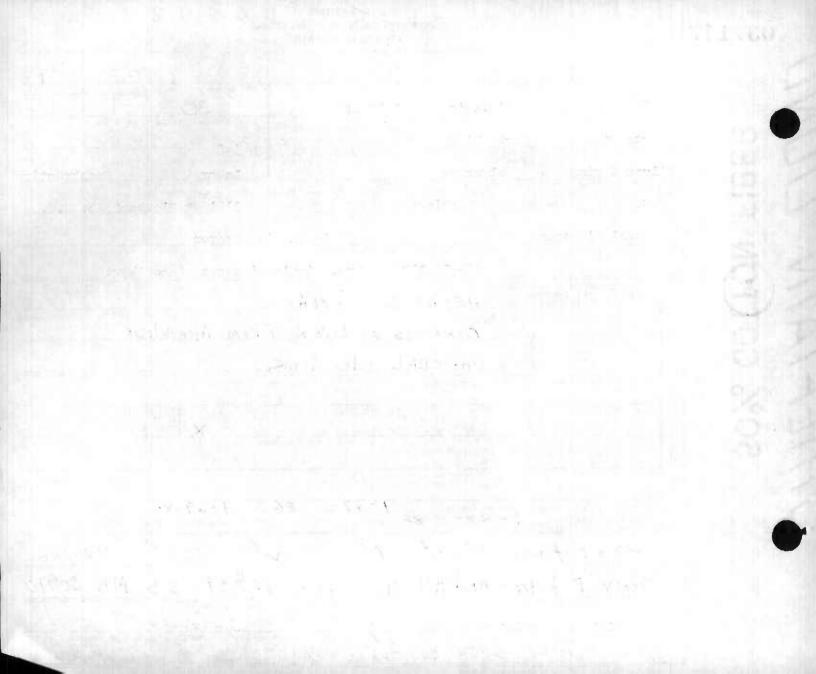
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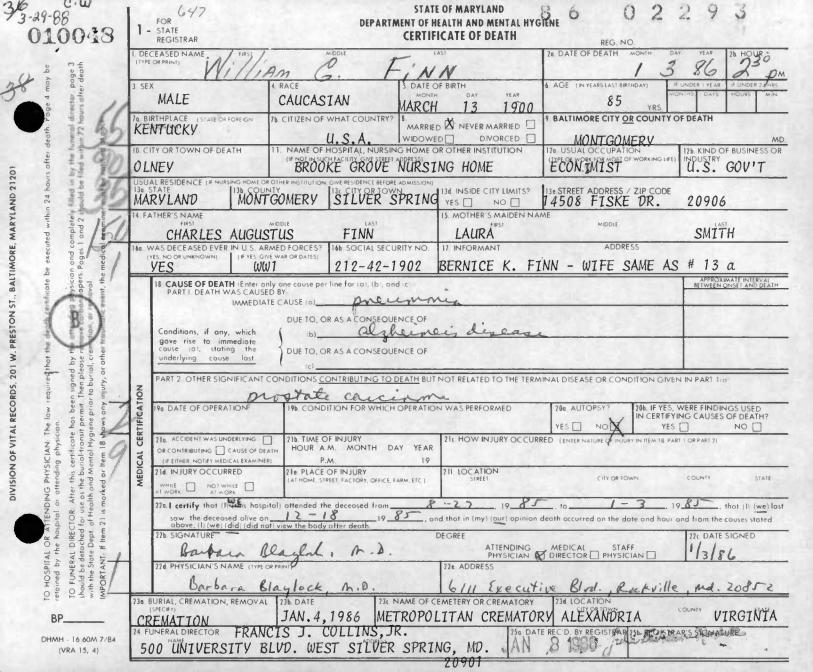
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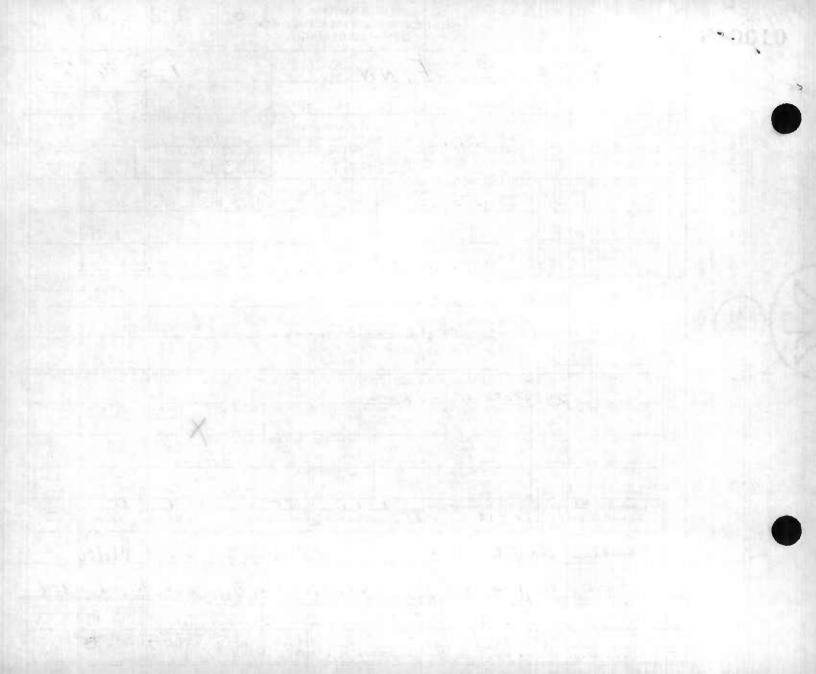
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LINDER 2+ MRS







STATE OF MARYLAND

(VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1		REGISTRAR		C	EKTIFICATE	FUEAIN	REG. N	0.			
1		CEASED NAME FIRST	Minnie '	AIDDIE S.	LAST FIS	cher	20. DATE OF DEATH	MONTH DA	AY YEAR	2b HOUR	
1	(ITHE	OR PRINT) Mine	nie	F	ischer		A	n 6	1986	3:80 PM	
	3. SEX		4 RACE	5. [DATE OF BIRTH		6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS	
١		Female		u casian	MONTH DAY	> 95	90	YRS	ONIHS DATS	HOURS MIN.	
1		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF	WHAT COUNTRY? 8	ARRIED NEVI	R MARRIED	9 BALTIMORE CITY	R COUNTY	OF DEATH		
4	1	Alabama	USA		DOWED X	DIVORCED	Montgome	ry		MD.	
1		TY OR TOWN OF DEATH	(IF NOT IN SUC	OSPITAL, NURSING HI		NSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Saleslady	OF WORKING LIFE		F BUSINESS OR	
4		Rockville AL RESIDENCE (IF NURSING HOA	The second secon	CEW HOME	(SSION)		Darebraay		1 00110	and bethough	
1	213a. S		YINUO	Washington	13d INSID	E CITY LIMITS?	13e STREET ADDRESS 5130 Conr	ZIP CODE	it Ave,	NW/20008	
/	14 FA	THER'S NAME	MIDDLE	LAST	700	ER'S MAIDEN NA	ME		2745	ST	
		Morris		Seligman		Belle			Cohe	n	
		AS DECEASED EVER IN U.S	S. ARMED FORCES?	166 SOCIAL SECURITY			ADDRI				
S	(4	NO [IF YE	S GIVE WAN ON DATES	578-12-41	.49 Sta	nley H.	Fischer, Sa	une add			
1		18 CAUSE OF DEATH (Enter		line for 101, (b1, and c					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
			DIATE CAUSE (a)	pneum	ma			1-1-1	ine	weel	
		Conditions, if any, which	24	eurs							
1		gave rise to immediate couse (a), stating the	0								
		DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE								yen-	
										EN IN PART TIO	
	o o	ALL STREET									
7	CERTIFICATION	190 DATE OF OPERATION	19h CONDI	TION FOR WHICH OPE	200 AUTOPSY? 200 IF YES, WERE FINDING IN CERTIFYING CAUSES O			NGS USED			
	Ē		100				YES NOTE	YES		NO [
Ü	E.	210 ACCIDENT WAS UNDERLYING			21c HOW	INJURY OCCUR	RED (ENTERNATURE OF INJU	IRY IN ITEM 18 PA	ART I OR PART 2)		
f	AL	OR CONTRIBUTING CAUSE O	N DENTH	M. MONTH DAY	19						
٦	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY	Y 211 LOCATION				COUNTY STATE		
	W	WHILE NOT WHILE AT WORK	AT HOME STR	EET, FACTORY, OFFICE, FARM 1	ETC) ST	REET	CITY OR TO	WN	COUNTY	STATE	
		22a I certify that (1) This h	paspital) attended the	e deceased from /	Tua I	10 X S	10 1/6	1	.86	that (I) (wa) ast	
		sow the deceased olive	. 1 .2	19 86	and that incl	ny our) opinian	death accurred on the d	ate and hour	and from the	causes stated	
	-	22b. SIGNALAHE	. A sew the body	arrer dearn.	DEGREE				22c. DATE	SIGNED	
		Marles	1 Even M	MEDICAL STA		1/7	186				
		220 ADDRESS									
		Mark	Kosen		5	rilver S	pring, Mi)				
		URIAL, CREMATION, REMO			E OF CEMETERY		23d LOCATION	,	COUNTY	STATE	
		Cremation	1/7/8		Comfort						
	24 FU	NERAL DIRECTOR JOSE	eph Gawler	s Sons, In	nc.		E REC'D, BY REGISTRAR	75b. REGISTR	AR'S SIGNAT	URE	
	51	30 Wisconsin	Ave, NW, Wa	shington, D.	.c. 500Te	JAN,	13 1000 4	S. Karel	702	7.00	

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STATE OF MARYLAND

Rockville

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

1160.1	10.			
20 DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR
January	1, 1	986		6:04P
6 AGE (IN YEARS LAST &	IRTHDAY)	IF UN	DERIYEAR	IF UNDER 24 HR

BALTIMORE CITY OR COUNTY OF DEATH

Female	Caucasian	June 4. 1916
BIRTHPLACE WATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED
ashington, D.C.	United States	WIDOWED A DIVORCED
ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL NURSIN	G HOME OR OTHER INSTITUTION

Noone

Flavin

Shady Grove Adventist Hospital

Montgomery County INDUSTRY Board of Supervisor Education

UAL RESIDENCE (IF NUR		13c. CITY OR TOWN
Maryland	Montgomery	Rockville

MIDDLE

Frances

15. MOTHER'S MAIDEN NAME

13e STREET ADDRESS / ZIP CODE 1108 Clagett Drive / 20851

Williamson Marjorie Noone Matthew 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT Claire F. Funkhouser, Daughter, LIE YES GIVE WAR OR DATES 1006 Julian Place, Rockville, MD. 20852 579-03-4311 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c) PART I, DEATH WAS CAUSED BY APPROXIMATE INTERVAL

Candit	ians,	if	any,	which
gave	rise	ta	imm	ediate
couse	(a),	1	stating	g the
undarl				1

DUE TO, OR AS A CONSEQUENCE OF Acute Myocardial Infarction DUE TO, OR AS A CONSEQUENCE OF

Irreversible Cardiac Arrest

1 hour

206 IF YES, WERE FINDINGS USED

hour

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 I.G.

	None
DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED

71h TIME OF INJURY HOUR A.M. MONTH DAY YEAR IN CERTIFYING CAUSES OF DEATH?

ч.	10. ACCIDENT WAS UNDERLYING
ш	OR CONTRIBUTING CAUSE OF DEATH
L	(IF EITHER NOTIFY MEDICAL EXAMINER)

LE PLACE OF INJURY

20a AUTOPSY?

SIG INJUR	COCCURRED	
LYDER D	NOT WHILE	

AT HOME STREET FACTORY, OFFICE FARM, ETC)

LOCATION	

220 I certify that (I) 用品 PSA PSA DOV . 23, 19 above, (I) (we) (did) (did not) view the body after death

and that in (my) (aur) apinian death occurred an the date and have and from the

ICIAN'S NAME (TYPE OF PRINT)

DEGREI

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN [

IGNED

James E. Wilson, Jr., M.D.

22e ADDRESS

11125 Rockville Pike, Rockville, Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL CREMATION, REMOVAL Buria!

23¢ NAME OF CEMETERY OR CREMATORY Gate of Heaven Cemetery

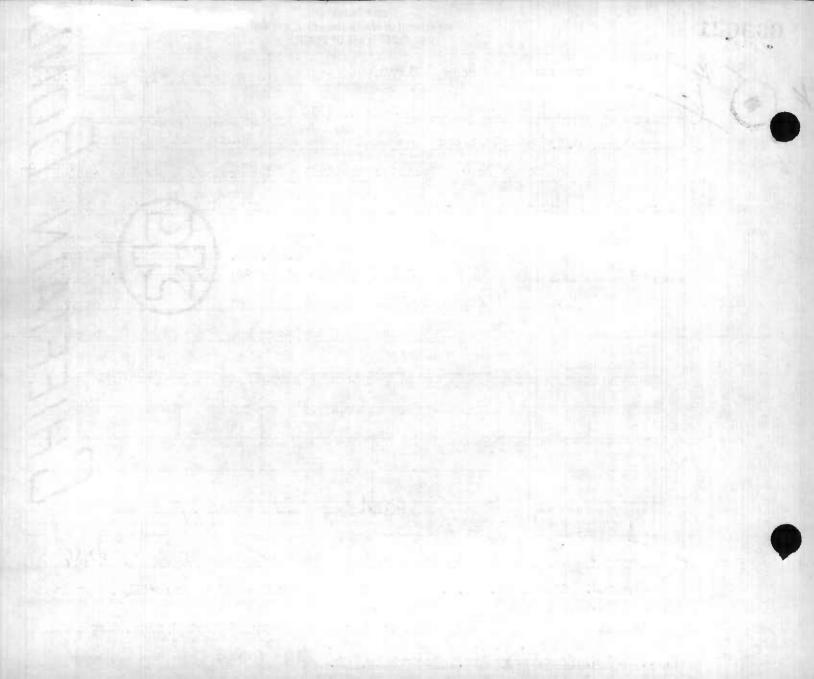
Silver Spring, Maryland

Robert A. Pumphrey Funeral Homes,

300 W. Montgomery Ave. Rockville MD.

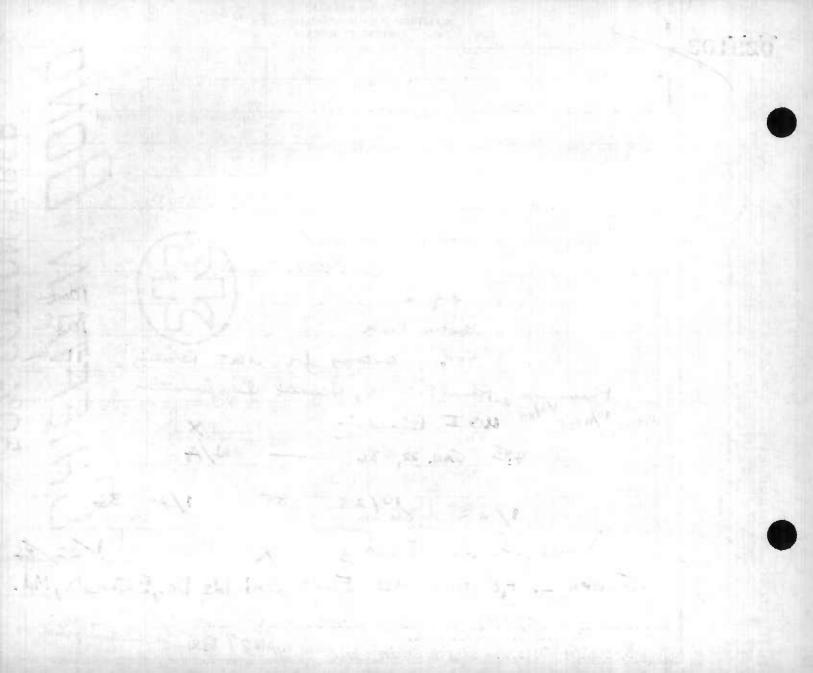
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STATE OF MARYLAND



STATE OF MARYLAND STATE OF MARYLAND

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29102	1-	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.
the ctor. page 3	3 SE	CEASED NAME FIRST OR PRINT! X MALE RIMPLACE (STATE OR SOREIGN	1 RACE S. DATE OF BIRTH MONTH PAY YEAR TO CITIZEN OF WHAT COUNTRY? 8	6. AGE (IN YEARS LAST ARTHDAY) BUNDER I YEAR BUNDER 24 HIS MONTHS BAYS HOURS MIN.
See Toward Control	10 0	OVTH GOOD ITY OR TOWN OF DEATH 12. WT JPRI	MARRIED LINEVER MARRIED	120 USUAL OCCUPATION (TYPEOWORK FOR MOST OF WORKING LIFE) INDUSTRY A COSMAN
mylerety titled ja and 2 shoulder	130 3	DA D	NOTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13d. INSIDE CITY LIMITS? TOWN 13d. CTY OR TOWN 13d. INSIDE CITY LIMITS? TOWN 12d. INSIDE CITY LIMITS? TEST 15 MOTHER'S MAIDEN N FIRST	1006 WHITEHALL ST 20
ri. Popel to	16a V	VAS DECEASED EVER IN U.S. A YES NO PRUNKNOWN) (IF YES	MED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT WILL 248 122962 Kathleen H. All and couse per line for (a) M and (c)	ADDRESS
signed by the attending physical properties of the please remove carbonpop of buriel, cremation, or remove jury, or ather traumatic event.	No	PART I. DEATH WAS CAU IMMEDI Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	D BY TE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER	34
te has been isit permit. T giene priarit	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED	200. AUTOPSY? 200. IF YES, WERE FINDINGS USED DEATH? YES NOT YES NOT
ittending physics this certificathe burial-transaction Mental Hyked Oxfern 18	MEDICAL CE	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C (IF EITHER NOTIFY MEDICAL EXAMIN 210 INJURY OCCURRED WHITE NOT WHILE AT WORK	HOUR A.M. MONTH DAY YEAR	IRRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART ?) CITY OR TOWN COUNTY STATE
haspital or c KECTOR: Afti ed for use as pt. af Health em 21 is mar		22a 1 certify that (1) (His has	nait attended the deceased from 19 , 19 , and that in (my) our opinio	n death occurred on the date and hour and from the causes stated
eformed by the TO FUNERAL DIK should be detach with the State DeliMPORTANT: If It		22 PHYSICIAN'S NAME (179)	A / ILLE M ATTENDING PHYSICIAN OR PRINTI N. / UBLIN 8830	AMBRON ST SS MM
SP	R	BURIAL, CREMATION, REMOVA SPECIFY) ITIAL	1196186 Mulling Comptony	Mullins Marion S. C.
MH - 16 60M 7/84 (VRA 15, 4)	24 FI	INERAL DIRECTOR France		ATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

See An age of the land of the Vienno Primaria de la Vigilia SHEME DIA THE THE WALLETTING TOWN THE STREET DE TALES OF NOW SEE BALLS THE PROPERTY OF DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO).						
	I DECEASED NAME FIRST	MIDDLE		AST			Y YEAR	26 HOUR				
	Clarence	e Kendall	Fras	er	January	II,	1986	2150m				
	3 SEX	4 RACE	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTI		UNDER I YEAR	IF UNDER 24 HRS				
	Male	White	Feb.	6 1906	79	YRS.	MINS DATS	HOURS MIN.				
7	70. BIRTHPLACE I STATE OF FOREIGN	REG. NO. REGATH MONTH DAY VELOCITY IN 1986 Kendall Fraser January I 1986 Kendall Fraser January I 1986 Kendall Fraser January I 1986 Kendall Fraser January I 1986 Kendall Fraser January I 1986 White Feb. 6 1906 79 788 Market Feb. 6 1906 79 788 Month 79 798 Market 799	FDEATH									
	Massachusetts	U.S.A			Montgor	nery		M				
Total Continuing Total Conti)N WORKING LIFE)	12b. KIND OF	F BUSINESS OR									
		ESENAME 1851 MODIE 1.25 DATE OF DEATH MODIE 1.25 DATE OF DATE OF DEATH MODIE 1.25 DATE OF DATE OF DEATH MODIE 1.25 DATE OF	Medic:	ine								
7	USUAL RESIDENCE (IF NURSING HOME OF	VTY 1131_6	CITY OR TOWN	YES 🔣 NO 🗌	8101 Conn.	ZIP CODE Aveni	ue 20	0815				
1	EIDST	MIDDLE	Fraser				Farre	ell				
	160 WAS DECEASED EVER IN U.S. AR				ser 8101 Chevy	Čonn. Chase	Avenue, Md.	20815				
	PARTI DEATH WAS CAUSE IMMEDIA Canditions, if ony, which gove rise to immediate cause (a), stating the	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSIDER CE OF (b) Conditions, if ony, which gave rise to immediate										
		500 5	and chem!	Homelons	20g AUTOP	20b. IF YES, IN CERTIFY!	WERE FINDIN	GS USED				
	OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINE) TIÉ. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	HOUR A.M. P.M. 21e PLACE OF IN (AT HOME STREET, FA	MONTH DAY YEAR 19 JURY ACTORY, OFFICE, FARM, ETC.)	211. LOCATION			COUNTY	STATE				
	saw the deceased alive an above. (we) () (did no	saw the deceased alive an above the deceased alive and the deceased										
	(N.550	us (J'Ines	809 U1	ers mill	Ad	ba	2				
	230 BURTAL, CREMATION, REMOVAL				Suitland		COUNTY	Md.				

DHMH - 16 60M 7/84 (VRA 15, 4)

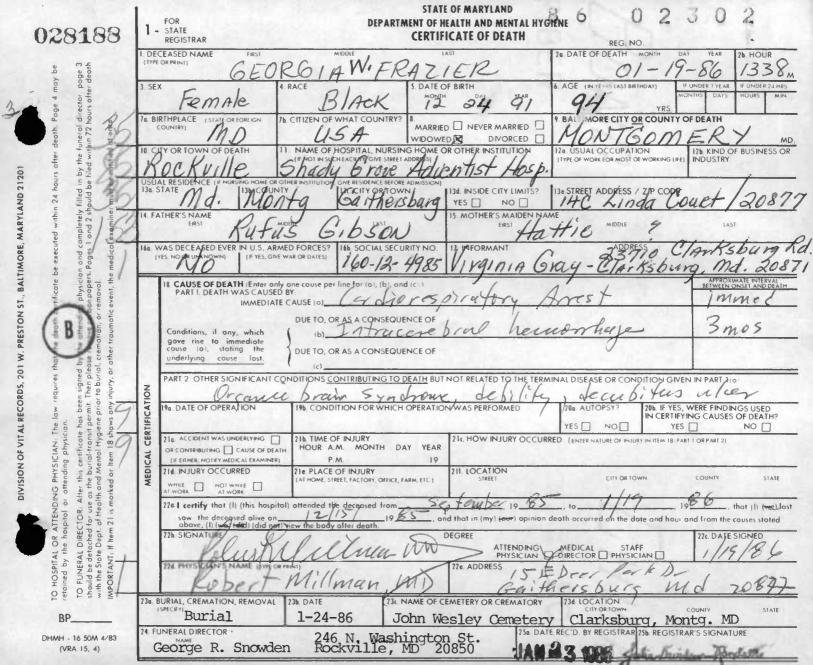
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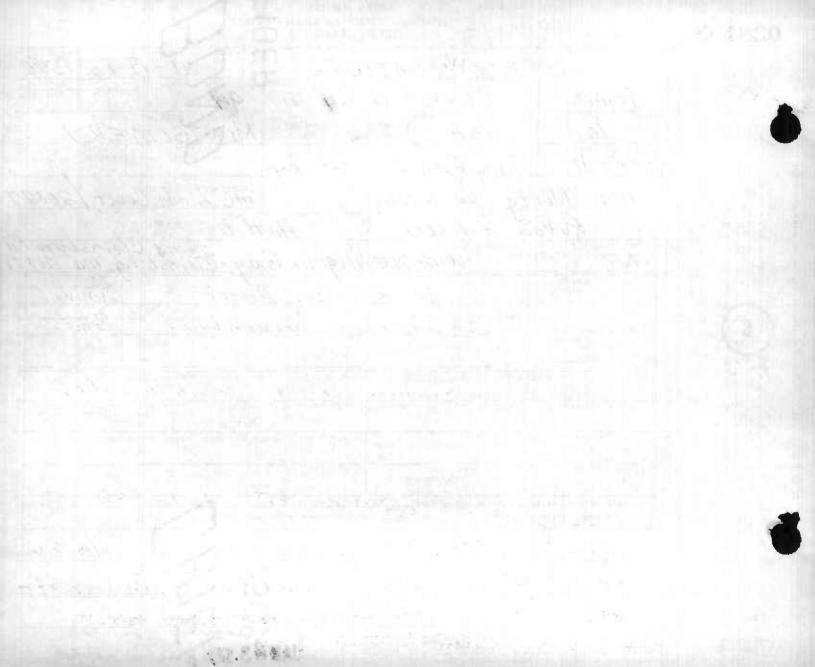
Joseph Gawler's Sons Washington, D.C. 20016

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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and the state of t





BP. DHMH - 16 60M 7/B4 (VRA 15, 4)

		REGISTRAR				CERTIF	CALLOF	DEATH		REG. NO.			
		CEASED NAME OR PRINT)	FIRST	e. *	R.	Fre	edmo	an	26. DATE OF	DEATH MO	DAY DAY	VEAR 86	26 HOUR 4:08 P
		3. SEX Temale		RACE Whit		S. DATE C		1918	67	EARS LAST BIRTHD	YRS	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
	C	RTHPLACE (STATE OR FOR COUNTRY) SSACHUSETTS		U. S		MARRIEI WIDOWE		MARRIED	PALTIMO	RECITY OR C	OVITADO	POEATH	, MI
1		TY OR TOWN OF DEATH		Hel	HOSPITAL N	BRSING HOME O	K OTHER IN	MORTUTITE		FOR MOST OF W	ONING LPE)	126. KIND C INDU V RY	OF BUSINESS OR
2	Må		lontgi	šmery (Spring	YES	CITY LIMITS?		39RES 6 d	glas i	Avenue	220901
1	14 FA	Ther's NAME Isaac	AA)	DOLE	' î R	Pobbins	15 MOTHER	Anne	WE	WIDDLE		Free	ank
1	Ma W	VAS DECEASED EVER IN VES NO OR UNKNOWN) Yes	U.S. ARM	ED FORCES? WAR OR DATES)		SECURITY NO.	17 INFORM		reedmar	ADDRESS 1 (Same		13)	
×	CERTIFICATION	Conditions, if any, gave rise to imme cause (a), stating underlying cause PART 2 THER SIGNIF	diate the last.	DUE TO, OF	ONTRIBUTING	SEQUENCE OF SEQUENCE OF G TO DEATH BUT THICH OPERATY	NOT RELATE		1	DPSY? 12	FION GIVEN	VERE FINDI	NGS USED S OF DEATH?
7	MEDICAL CERT	21g. ACCIDENT WAS UNDER OR CONTRIBUTING CAI (HE EITHER NOTHY MEDICA 21d INJURY OCCURRE	USE OF DEATH LEXAMINER)	P.	M. MONTH M. OF INJURY	H DAY YEAR 19 DEFICE FARM ETC.	211 LOCAT				N ITEM 18 PART	OUNTY	NO STATE
		226 I certify that (b) (t) the deceased the	his hospito alive on (did nat)	view the bady	otter death.	19.86 an	220 ADDRE	ATTENDING PHYSICIAN ISS Columbi	MEDICAL DIRECTOR a Blvd	STAFF PHYSICIAN	v 🗆	22c. DATE	SIGNED 3-86
	23a. B	GURIAL, CREMATION, RE	MOVAL	1/7/19	986	23c. NAME OF C Arlingt		ional		lingtor	-		rginia
	232	CARROLL S	TREET	, N. W.	, WAS	HINGTON,	D. C.	256 DAT	E REC'D, BY R	1086	7.4.	Davidson	777 8 22

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STATE OF MARYLAND 010041 REG. NO DECEASED NAME O DATE KNOWN MONTH (TYPE OR PRINT) OF ESTI-Diehl DATE OF BIRTH DATE RONOUNCED DEAD In BIRTHPLACE (STATE OR U.S.A. Maryland IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Ret. Mech. Engr. 20853 Freeze John Wertenbaker Catherine 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 60. WAS DECEASED EVER IN U.S. ARMED FORCES? YES NO. OR UNKNOWN) 219-01-6827 Peggy L. Freeze 3 Baffin Bay Court Rockville, Md. 20853 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), PART I DEATH WAS CAUSED BY Conditions, if any, which gave rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IA CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 三日 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 2 IE PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY NOT WHILE AT WORK 22a I certify that I took charge of the remains described above, held on Autopsy Suicide Hamicide Undetermined manner TITLE (SPECIFY) MEDICAL EXAMINER 1919 Seminary Rd. Silver Spring, Md. John S. Rogers 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Blue Ridge Cemetery STATE 1/6/86 Thurmont, Maryland Burial 25M 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNTASON Wheeler Funeral Home, Inc. **DHMH - 17** 1331 Rockville Pike, Rockville, Md. 20852 (VR A15 ME (5))

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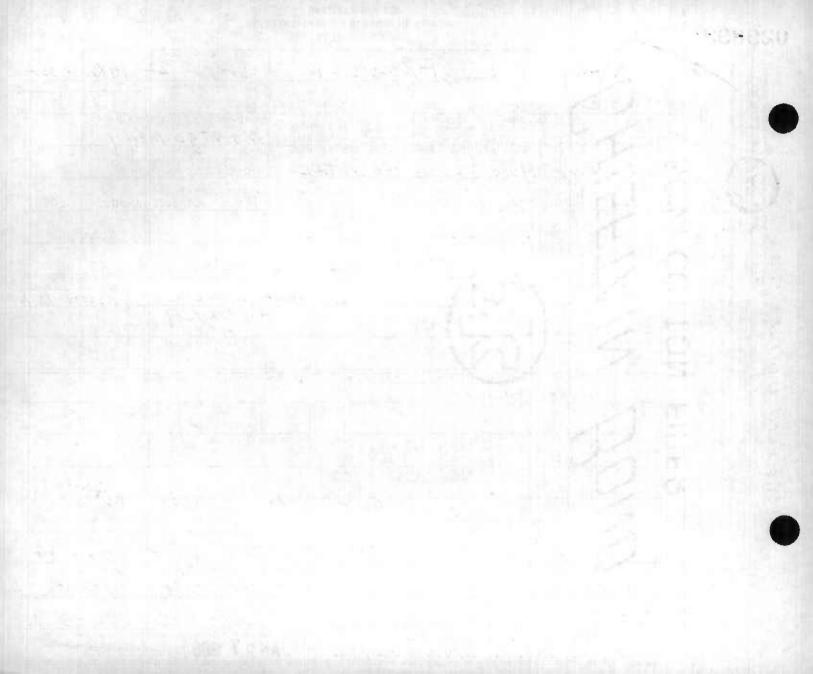
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Man please	Z	PART 2 OTHER SIGNIFICA	NT CONDITIONS	CONTRIBUTING TO	O DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE OR	CONDITION GIVEN	IN PART 110
1 11067	Š	90 DATE OF OPERATION	19b CON	NDITION FOR WHIC	TH OPERATION	WAS PERFORMED	20s AUTOPSY?	20b. IF YES, \	WERE FINDINGS USE
25 231 1	E	AP AP	Section Public				YES TO NO		NG CAUSES OF DEA
31 11100	8	218. ACCIDENT WAS UNDERLYING		OF INJURY A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE O	F INJURY IN ITEM 18 PAR	
00000	1	OR CONTRIBUTING CAUSE C	JI DEATH	P.M.	19				
1 1 1 B	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	LATHOME	E OF INJURY STREET, FACTORY, OFFICE	E, FARM ETC)	211. LOCATION STREET	CITY	ORTOWN	COUNTY
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00 110	-	22a.1 certify that (1) (this has sow the deceased alivabove, (1) (we) (did) (did)	e on JAN	19.	86 , and	that in (my) (our) opinion	deoth occurred on	the date and hour o	
TIENDS A LINE A		726 SIGNATURE	A //	ly one deoth.	DE	GREE			THE DAY SIGNED
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DHMH - 16 60M 7 (VRA 15, 4)

13114	1.	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	309	
poge 3		CEASED NAME FIRST	RETHY A,	FULLARTON	1 - 9 - 8 6	3: 45 AM	
ge 4 mp	3 SE	Female	White	Sept. 30, 1935	6 AGE (IN YEARS LAST BIRTHDAY) 50 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS	
nerol dir	76 BIRTHPLACE (STATE OR FOREIGN Maryland		76 CITIZEN OF WHAT COUNTRY? 8 MARRIED XX NEVER MARRIED WIDOWED DIVORCED WIDOWED DIVORCED		BALTIMORE CITY OR COUNTY OF DEATH MONTgomery MD.		
by the fu	10 €	BETHES DA	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET. SUBURBAN	G HOME OR OTHER INSTITUTION ADDRESS) HOSPITAL	170 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE HOMEMAKET	126 KIND OF BUSINESS OR INDUSTRY OWN ON HOME	
filled in rould be	13a S	STATE 13b COU	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION) N 13d INSIDE CITY LIMITS? Spring YES 25 NO	BeSTREET ADDRESS / ZIP CODE 14600 Cobbleston	20904 e Drive	
completely s I and 2 sh	14 F/	Michael	J. Schiavor	ne Nellie	WIDOFE	Ryan Ryan	
on and co	16a N	VAS DECEASED EVER IN U.S. A VES NO OR UNKNOWN) (IF YES G	RMED FORCES? 166 SOCIAL SECU N/A 215-32-44		ADDRESS 21 Larton-husband-Si	03 Gatewood Pl. lver Spr. Mdoo3	
that the death certificate the attending physic per temove carbon paper in emation, or removal.			only ane cause per line for (a), (b), one ED BY. ITE CAUSE (a),	NCE OF	<u>c</u>	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH THE	
he low requires	CERTIFICATION	PART 2 OTHER SIGNIFICANT PM Cy Jo 190 DATE OF OPERATION	ma.	DEATH BUT NOT RELATED TO THE TERM	20a AUTOPSY? 20b IF YES IN CERTIF	WERE FINDINGS USED YING CAUSES OF DEATH?	
SICIAN TI ng physicic certificate urial-transit tem 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	(A) HOUR A.M. MONTH DA	AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 P.	ART I OR PART 2)	
orked or	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE F.	ARM ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE	
ATTENDI sspital or CTOR: A for use of Heol		saw the deceased alive a above, (I) (we) (did) (did n	ot) view the body after death.		death accurred an the date and have		
PITAL OR by the hore by the hore edetached State Dept. Here		JULIUM SIGNATURE	V. Cooke		MEDICAL STAFF DIRECTOR PHYSICIAN	1) 9 8 G	
TO HOSPITAL etoined by the TO FUNERAL should be deto with the Store		Jeremy	V. Cooke	12% ADDRESS	Com. Wh	1, Sensy for	
BP		Burial, cremation, removal Specif Burial	Jan. 11, 1986 Pa	arklawn Cemetery		tgomery siMd.	
DHMH - 16 60M 7/84	Hin	es/Rinaldi Fun	eral Home 11800 Silver Si	N.H. Ave.	E REC D. BY REGISTRAR 756 REGIST	RARIS SIGNATURE	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH RINE 4 RACE AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 5. DATE OF BIRTH YEAR MONTH Female Caucasian September 1912 LOUNTRY BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY Missouri WIDOWED X DIVORCED Mantaameru 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a, USUAL OCCUPATION 10 CITY OR TOWN OF DEATH 176 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Takoma Park Washington Adventist Hospital Hamomabor 20904 1136 COUNTY 13e STREET ADDRESS / ZIP CODE 14000 Castle Blvd. #1009 Maruland Montaomeru Silver Spring 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE Albert Schnarr Preiss Emma ADDRESS 1200 Valley View 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT Daughter (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 494-09-0287 Barbara J. Baker Wichita. Kansas 67212 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per the for io), (b), and ic PART 1. DEATH WAS CAUSED BY autrea DUE TO, OR AS ACONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20% IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? Lee NO YES [710. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH YEAR DAY OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM ETC) STREET WHILE NOT WHILE and that in (my) (our) opinion death accurred on the date and hour and from the causes stated

27a I certify that (I) (this hospital) attended the deceased from sow the deceased alive on obove, (1) (we) (did not) view the bodwafter death

DEGREE

ATTENDING MEDICAL

STAFF PHYSICIAN DIRECTOR PHYSICIAN

230 BURIAL, CREMATION, REMOVAL

77b. SIGNATURE

730 NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84

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(VRA 15, 4)

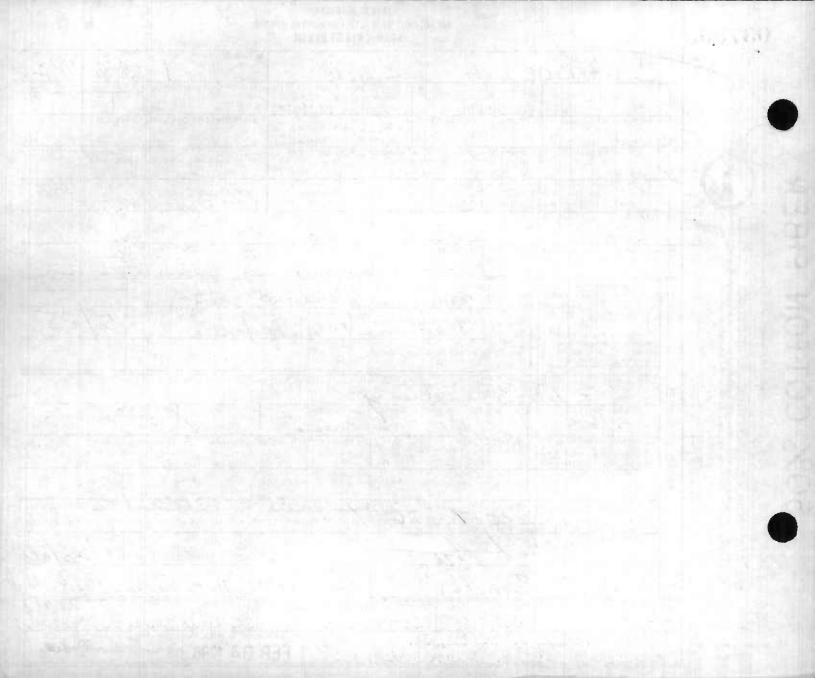
Burial Feb. 1, 1986 Hiram Cemetery 24 FUNERAL DIRECTOR Francis J. Collins Jr.

22e ADDRESS

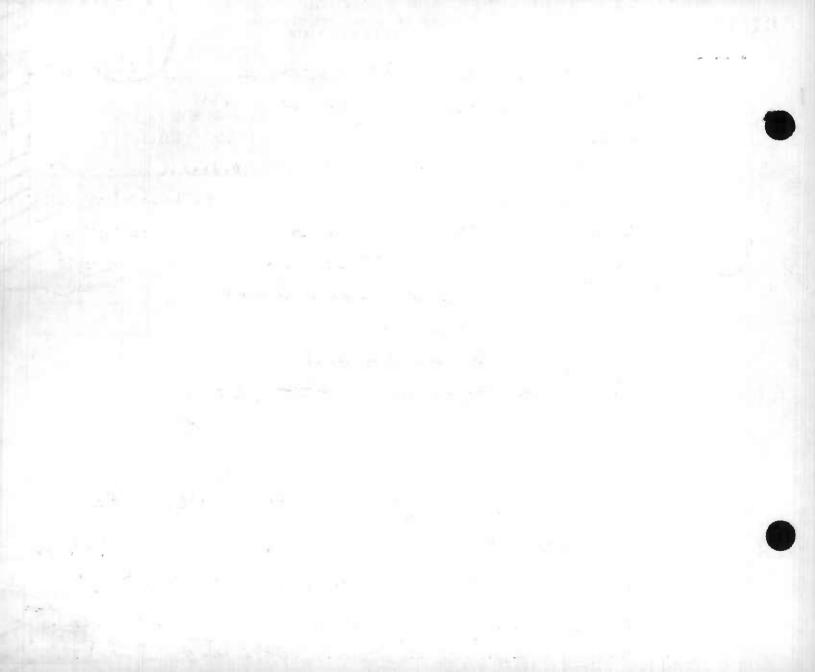
Louis. St. Louis. Missouri

University Blvd. W. Silver Spring. Md.

Airlia Daydson-Aandell



010098	STATE OF MARYLAND & 6 0 2 3
	REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEASED NAME FIRST MIDDLE LAST 70 DATE OF DEATH MONTH DAY YEAR 75 HOUR.
3 E & 11	EDMUND B. GALLAGHER, St. 1-6-86 1121 AM
ge 4 may	Male 5. Date of Birth Month DAY YEAR 6. AGE (IN YEARS LAST BIRTHDAY) MONTHS DAYS HOURS MIN. 7. PAR 6. AGE (IN YEARS LAST BIRTHDAY) WONTHS DAYS HOURS MIN. 7. PAR 8. AGE (IN YEARS LAST BIRTHDAY) WONTHS DAYS HOURS MIN.
oth. Page 172 hou	Massachusetts 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED NONTGOMERY MONTGOMERY MONTGOMERY MD.
ofter de withir	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUPPLY ACTURY, GIVE STREET ADDRESS)
ted in by all be file	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 130. STATE 130. STREET ADDRESS / ZIP CODE 131. INSIDE CITY LIMITS?
within 2 should fill the should be s	FATHER'S NAME
SALLIMORE, MARYLAND Cote be executed within 24 and comparely filler mine pour comparely filler mine control inspections	Casimir Gallagher Ellen McLaughlin 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 160 WAS OR UNKNOWN) I (IF YES, GIVE WAR OR DATES)
pe e	No No 1204-20-975 Barbara A. Gallagher Wife Same as 13
ST.,	18 CAUSE OF DEATH IEnter only one couse per line for (a), (b)) and ic part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiopulmenany Arrest APPROXIMATE INTERVIL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a)
W. PRESTON on the death co on the otendian by the ottendian cremation, or cremation, or	DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which (b) Sephecemen gove rise to immediate
es that the ned by the please remurial, cremi	couse (a), stofing the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF Deculatus willer Sagral.
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The law requir r attending physician. Wher this certificate has been sig as the buriol-tronsit permit. Then th and Mental Hygiene prior to b acked or Item 18 shows any injury	Themas, type proteinems of Reunatural Attents, C.O.P.D 196 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO 197 NO 198 NO
CIAN: TI physicial col-tronsic mail Hygi	OR CONTRIBUTING CO
ING PHYSIC wifer this cert os the buriel th and Menta anked or ten	OR CONTRIBUTION CASE OF DEATH
O W S S E	226.1 certify that (I) (this haspital) attended the deceased from
Che he	obove, (I) (we) (did) (did not) view the bbdy ofter deoth. 27b. SIGNATURE DEGREE ATTENDING A MEDICAL STAFF PHYSICIAN D DIRECTOR PHYSICIAN D
TO HOSPITAL OF retoined by the TO FUNERAL DII should be detoch with the Stote De MADRIANT; If h	VIVER C VAD 7676 Now Hampeture Ava flyabside
TO T	230 BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION
BP	Burial 1/8/86 George Washington Adelphi Pr. George's Md.
DHMH - 16 50M 4/83 (VRA 15, 4)	FUNERAL DIRECTOR Francis J. Collinsburgs Jr. 500 University Blud. W. Silver Spring. Md. 1250 DATE REC'D BY REGISTRAR'S SIGNATURE JAN 8 1986.



FOR

REGISTRAR

I. DECEASED NAME

- STATE

(VRA 15. 4)

13e STREET ADDRESS / ZIP CODE 17401 NATA DOC PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO I 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (aux) apinion death forms on the date and hour and from the causes stated 24 FUNERAL DIRECTOR REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

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IF UNDER TYPAR

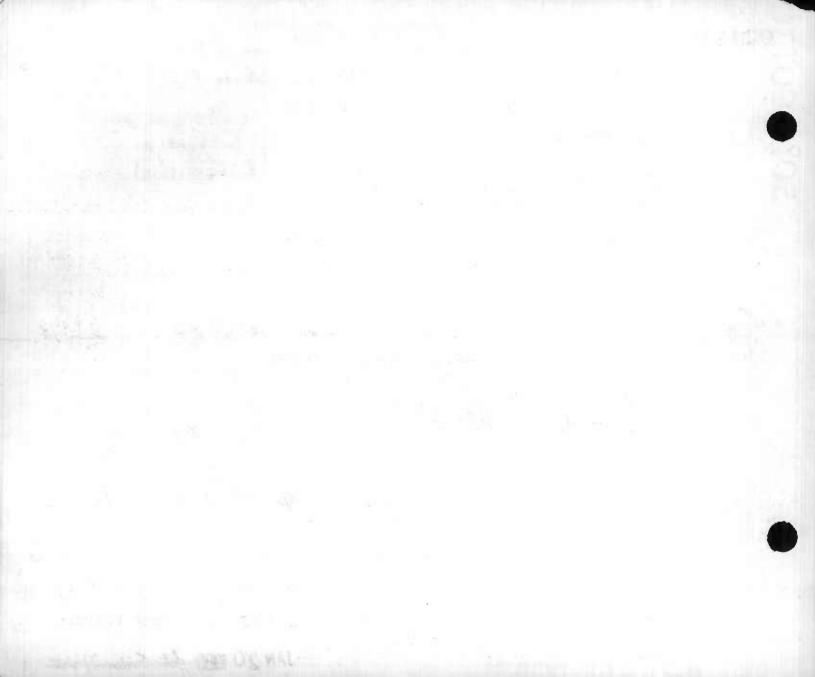
INDUSTRY

DAYS

20 DATE OF DEATH

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DEPARTMENT OF HEALTH AND MENT - STATE 024063 REGISTRAR REG. NO L DECEASED NAME 20. DATE KNOWN D MONTH 26 HOUR (TYPE OR PRINT) V 72 HOURS DEATH MATED ORIES 1LC MRIS 6. AGE (IN YEARS IF UNDER 1 YR. 2d. HOUR S. DATE OF BIRTH DIRECT OUR FIL DATE PRONOUNCED DEAD 22 40 6 YRS 70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) The CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OF COUNTY OF DEATH MARRIED NEVER MARRIED WASH, WIDOWED DIVORCED I CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION KIND OF BUSINESS and Auganitorial intenance Superv RESIDENCE BEFORE ADMISSIONI 21201 3a STATE 13c. CITY OR TOWN 13d INSIDE PITY LIMITS? 13e STREET ADDRESS FATHER'S NAME IS. MOTHER'S MAIDEN NAME LAST FIRST Gilchrist.Sr. Serphine Barbarin Fories 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. RusseII Avenue 4919 DIVISION (YES, NO, OR UNKNOWN) 66 8473 Cassandra P.W. Gilchrist-wife 577 no 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART | DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) CARDICKES PIKA FOR DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF HEALTH AND MEI AL, CREMATION, O lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 is CERTIFICATION 19g. DATE OF OPERATION 19h. CONDITION EOR WHICH OPERATION WAS PERFORMED? USED 20 AUTOPSY? ICATE, WRITE FORWARDED TO THE TORYPAGE 3 SHOULD BE US TAJE DEPARTMENTOR PRADTURBS YES NO T MERU 21b. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY OR UNDERLYING 20/00 14 198 CONTRIBUTING CAUSE OF DEATH II. LOCATION 21e PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.) WHILE AT WORK TO MEDICAL EXAMINER: INID. EXECUTE THE CERTIFICATE, WRIPAGE A SHOULD BE FORWARI TO FUNKRAL DIRECTOR; PAGE AFTER DEATH, WITHALHE STATE BALTMORE, MARPLAND, 2023 TREET 220 I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion Parurol couses Suicide Hamicide Undetermined manner TITLE SPECIFY) EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION 23¢ NAME OF CEMETERY (SPECIFY) Burial Jan. T986 Lincoln Memorial Cemetery Suitland, Md. 07/84 25M 24 FUNERAL DIRECTOR Q DATE REC'D. BY REGISTRAR **DHMH - 17** Benning Road, NAN Home (VR A15 ME (5))

STATE OF MARYLAND

STATE OF MARYLAND

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- STATE REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN. MONTH TYPE OR PRINT) ESTI-DEATH MATED MIMI GLASPELL CLARE -7 - 86AGE IN YEARS FIF UNDER 1 YR AF UNDER 24 HRS 4 RACE 5. DATE OF BIRTH DATE PRONOUNCED DEAD Caucasian 5-13-1920 Female 65 -7 - 8676 CHIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR COUNTY OF DEATH MARRIEL X -- VER MARRIED FOREIGN COUNTRY) U.S.A. WIDOWED [DIVORCED Ohio Montgomery

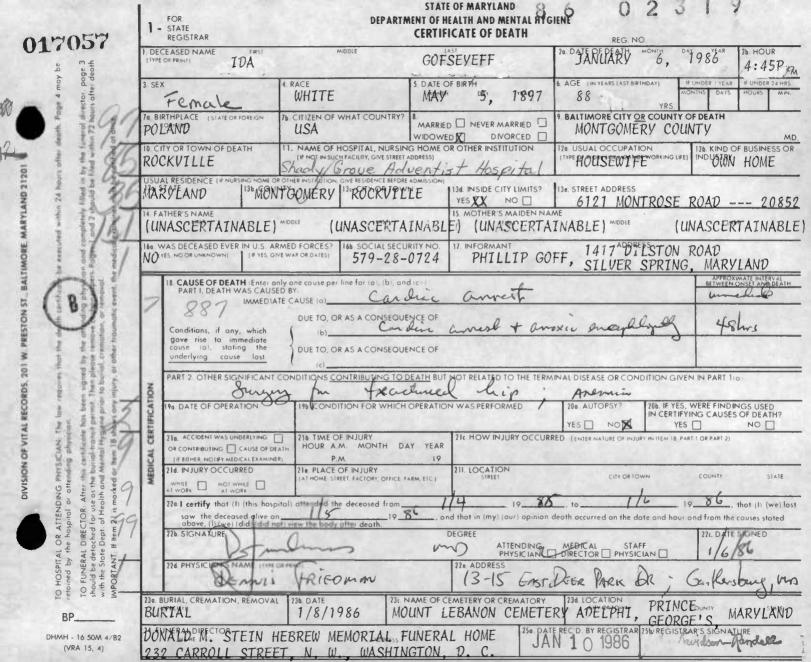
120 USUAL OCCUPATION (TYPE) ID CITY OR TOWN OF DEATH II NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION ... KIND OF BUSINESS Housewife Own Home Takoma Park Washington Adventist Hospital LAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 134 INCIDE CITY LIMITS? 130 STREET ADDRESS Maryland Prince George 20783 Hyattsville NO X 818 Chillum Road 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST George Walter Claire Wagner Marie 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO ADDRESS NO 277-18-1895 Richard J. Glaspell, Same as Line #13 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) ocar Lin PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10. 190, DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E. WRITING.

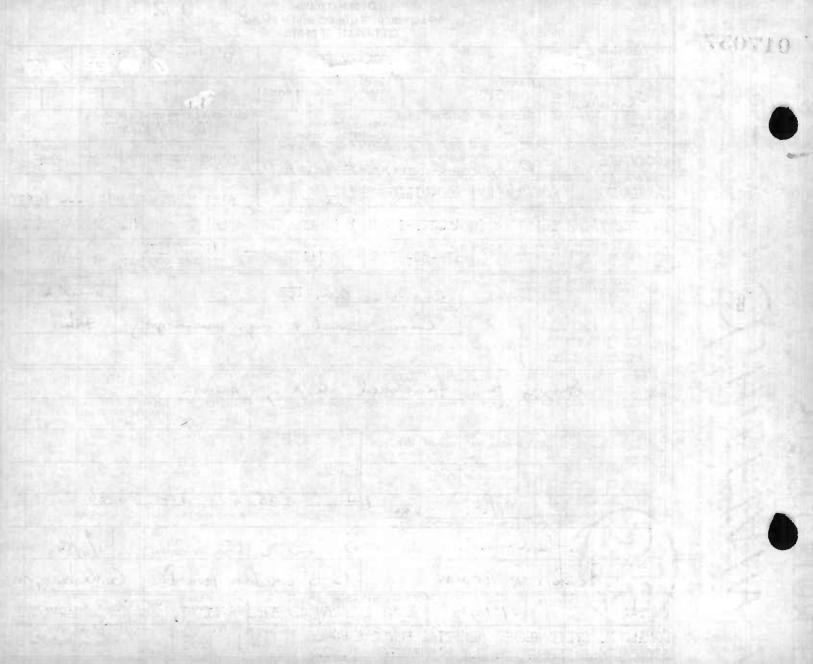
R. WARTING.

R. PAGE 3 SHOULD BE US

TATE DEPARTMENT OF NO. 216. TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY LATHOME 2 If. LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK CITY OF TOWN Inspection 27 220 I certify that I took charge of the remains described above, held on Autopsy Inquiry death resulted fram: Accident Homicide Undetermined manner Suicide L TITLE (SPECIFY) SIGNATURE EXAMINER'S NAME TO FUR AFTER BALTIN John S. Rogers, M.D. Silver Spring, Maryland (TYPE OR PRINT) ADDRESS. 23g. BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION 1-8-86 Metropolitan Crematory Cremation Alexandria, Alexandria, Va. 07/84 2584 25 QUATEREE'D. BY RECHEMAN 256 REGISTRAR'S SIGNATURE Francis Gasch's Sons Funeral Home, P.A. **DHMH** - 17 quia la (VR A15 ME (5)) 4739 Baltimore Ave., Hyattsville, Maryland

STATE OF MARYLAND





	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	REG. NO.	Ü				
	ECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR					
9	MARY MARY	E.	GOODE	1-12-86	340 M. M				
3 S	EX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS EAST BIRTHDAY) IF UNDER I YEA					
	Female	Caucasian	June 19, 1913	72 YRS					
7	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH					
	ushington, D.C.	USA	WIDOWED DIVORCED	Montgomery	MD.				
10.0	ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION 1149E OF WORK FOR MOST OF WORKING LIFE) INDUSTR	OF BUSINESS OR				
	Ikoma Park JAL RESIDENCE (IF NURSING HOME O		entist Hospital	Bookkeeper WJAL-	TV				
13a Ma	STATE 136 COL	Geo. Hyattsv.	VN 134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 2203 Queens Chapel Ro	nad 20782				
1	FIRST	MIDDLE LAST	FIRST	WIDDLE	LAST				
160	LEO WAS DECEASED EVER IN U.S. A	Diegelmani		ADDRESS					
2	(YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	1407 Cathorina C	Cabuah Sistan Sama	21 12				
1	T	578-10-	Λ	Schwab Sister Same	DXIMATE INTERVAL IN ONSET AND DEATH				
z	gave rise to immediate couse (a), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
1 8									
Z TIFICATIO	190 DATE OF OPERATION		OPERATION WAS PERFORMED	200 AUTOPSY? 200 IF YES, WERE FINE IN CERTIFYING CAUSI	DINGS USED ES OF DEATH?				
CAL CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	216. TIME OF INJURY HOUR A.M. MONTH D		IN CERTIFYING CAUS	DINGS USED ES OF DEATH?				
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MEDICAL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDIC AL EXAMIN 21d. INJURY OCCURRED WHILE NOTIFY MEDIC AL EXAMIN 21d. INJURY OCCURRED WHILE NOTIFY MEDIC AL EXAMIN 21d. INJURY OCCURRED WHILE NOTIFY MEDIC ALL EXAMIN 21d. INJURY OCCURRED WHILE NOTIFY MEDIC ALL EXAMIN 22d. Fertify that (I) (this hosp sow the deceased alive of above, (I) (we) (did) (did in 22b. SIGNATORE) 22d. PHYSICIAN'S NAME (IVPE	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY LAT HOME STREET, FACTORY OFFICE. DITOI OTTENDED OR PRINT) CORPRINT) 21 K 172 e M 1)	AY YEAR 19 211. LOCATION STREET ATTENDING PHYSICIAN 222. ADDRESS 8926 WCCD	VES NOW YES NO	STATE that (I) (we) lost the causes stated				
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STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)

Burial

⁷⁴ FUNERAL DIRECTORYSON Wheeler Funeral Home, Inc. 1331 Rockville Pike, Rockville, Md. 20852

2/3/86

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Brentwood, Maryland

Fort Lincoln Cemetery

COUNTY

22c. DATE SIGNED

7h HOUR

126 KIND OF BUSINESS OR

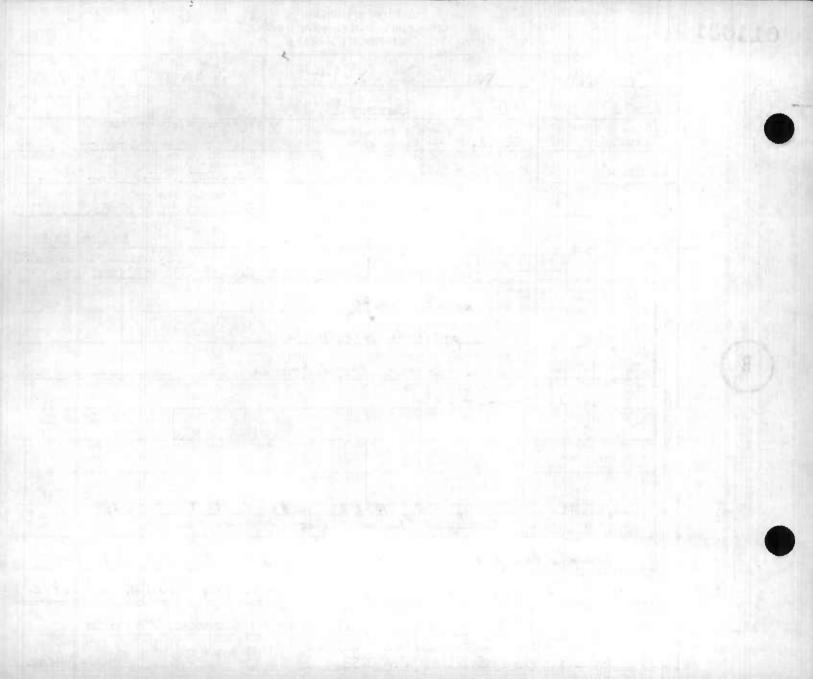
Doctor's office

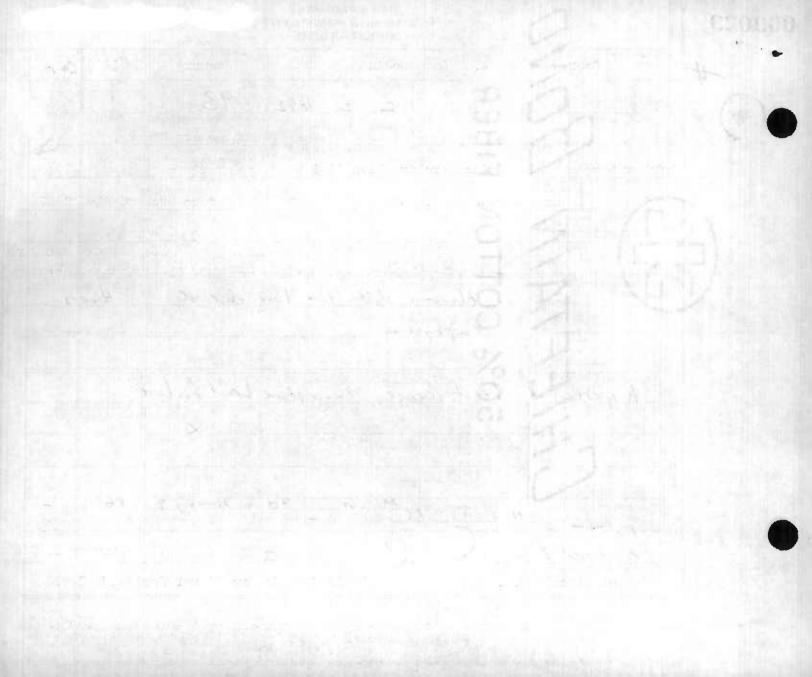
APPROXIMATE INTERVAL

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150	1.	FOR STATE REGISTRAR	STATE OF MARYLAND 8 6 0 2 3 2 4 DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
poge 3		EASED NAME FIRST OR PRINT) Milded	MIDDLE .	Goundry	20. DATE OF DEATH MONTH DAY YEAR 26. HOUR 330 A SEC (IN YEARS LAST BIRTHDAY) BUNDER 1 YEAR IF UNDER 24-HI MONTHS DAYS HOURS MI 9. BALTIMORE CITY OR COUNTY OF DEATH						
hours ofte	7o. BI	Female	CAUCASIAN	MARRIED NEVER MARRIED							
by the furers flad within 72		Conn.	1100	MIDOWED DIVORCED HOME OR OTHER INSTITUTION	M6 N7 120 USUAL OCCUPATION 1TYPE OF WORK FOR MOST OF HOMEMAKEY	WORKING LIFE) IN	MD. B. KIND OF BUSINESS OR HDUSTRY				
pletely filled in and 2 should be	130 5	L RESIDENCE (IN NURSING FIRM OR OTH TATE 130 COUNTY THER'S NAME FIRST MIDD	E. SilverSp	I3d. INSIDECITY LIMITS? YES NO 15. MOTHER'S MAIDEN NAM	138.STREET ADDRESS /	ZIP CODE DAKET	Rd 20904				
		VAS DECEASED EVER IN U.S. ARMED (IF YES, GIVE WA	R OR DATES)	TY NO. 17 INFORMANT 5659 Mr. Richard G			Wayne Ave.				
الگ		18 CAUSE OF DEATH (Enter only or PART I. DEATH WAS CAUSED BY IMMEDIATE C	AUSE (a) Acus	te Myocardeal in	faretwin		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
by the orders cose remove co		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUEN (b) DUE TO, OR AS A CONSEQUEN (c)								
n signed Then plec r to burio injury, or	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110.									
hos been permit.	CERTIFICATION	190 DATE OF OPERATION		, WERE FINDINGS USED YING CAUSES OF DEATH? S \(\) NO \(\)							
certifica mal-tran ental Hy frem 18	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M. 21e PLACE OF INJURY	YEAR 19 211. LOCATION	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PART T	OR PART 2)				
fter this os the bu th and M orked or	MED	WHILE NOT WHILE AT WORK	LAT HOME STREET, FACTORY, OFFICE, FAR	M ETC STREET	CITY OR TOW		COUNTY STATE				
for use of Health		220.1 certify that (1) (this hospital) saw the deceased alive an above, (1) (was did) (did not) vic	-January 9 19 81	and that in (my) (our) apinion de	eath occurred on the da		, 11101 (11 (11 (11 11)				
NERAL DIRECTOR STORE STORE DEPT		226. SIGNATURE	y Heers, n	THOTEIAIT (23	MEDICAL STAF		JANUARY 27, 198				
should be der with the State		22d. PHYSICIAN'S NAME (TYPE OR PRI	NECHT	220. ADDRESS 3929 FEOLAN	ra brive w	HEATON	2096 Gra				
F % 3 ≤	23a. F	URIAL CREMATION, REMOVAL 12	3h DATE 123r NA	ME OF CEMETERY OR CREMATORY	23d LOCATION						

DHMH - 16 50M 4/83 (VRA 15, 4)

NAME Anatomy Board

Removal

23b. DATE

1/23/86

24 FUNERAL DIRECTOR

230. BURIAL, CREMATION, REMOVAL

Balto., Md.

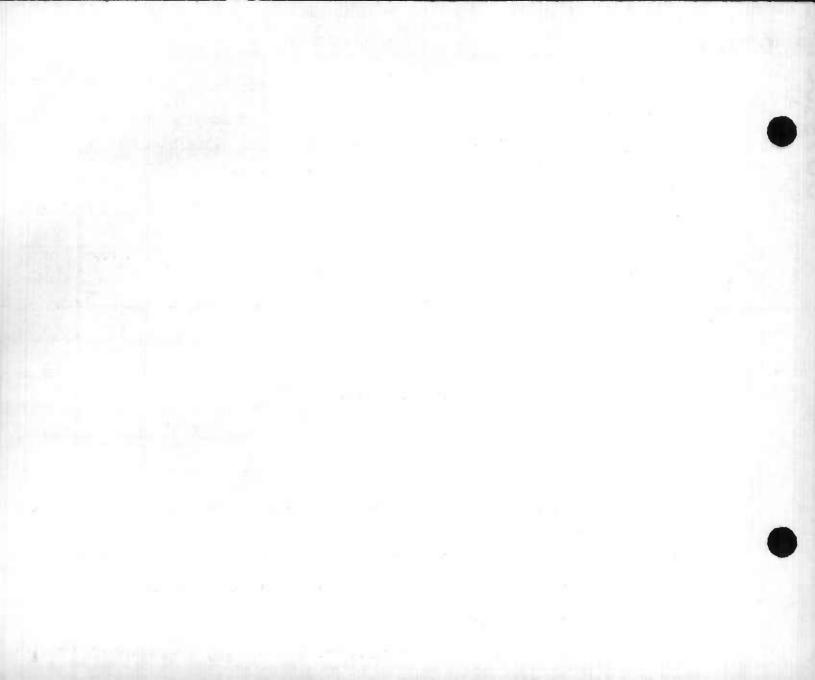
231. NAME OF CEMETERY OR CREMATORY

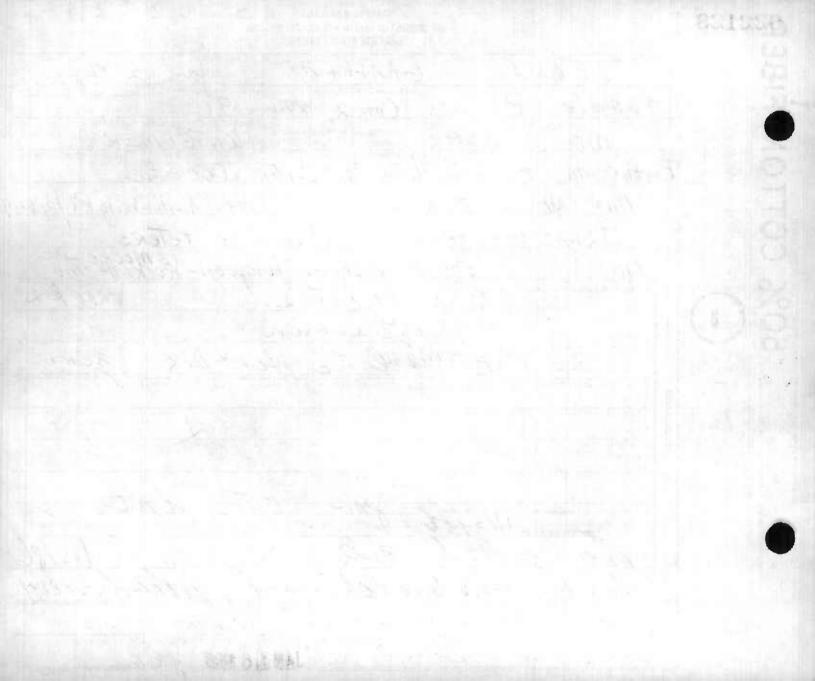
23d LOCATION CITY OR LOWN

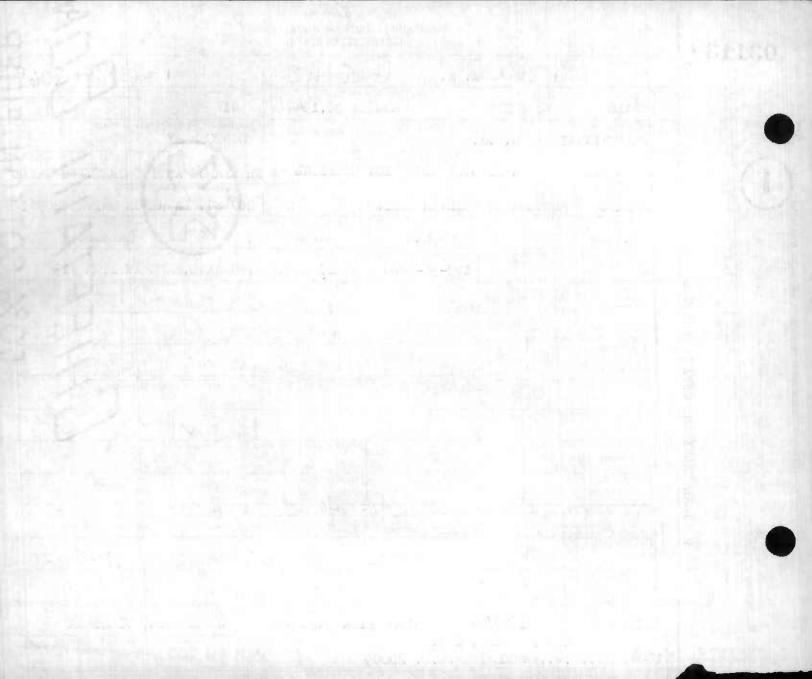
COUNTY

JANUARY 27, 1986

STATE







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	PLEASE HECTOR. R FILES. HOURS STREET,			Natha		Henr			Greene			H MATED [15 19 86	
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-	STATE OF THE STATE		RTHPLACE (ST	ATE OR	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED BALTIMORE CITY OR COUNTY OF DEATH										
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	SERES I	ID CITY OR TOWN OF DEATH					NURSING HOM	E, OR OTH	HER INSTITUTION	ON 170	FOR MOST OF V	CUPATION (TY VORKING LIFE)	YPE OF WORK	OR INDUST	JSINESS RY
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WO	N O N N			EVER IN U.S. AR	MED FORCES?	16b. S	SOCIAL SECURI	Y NO.	17 INFORMA	ANT		ADDRES	10538	Appler	idge
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	800			F DEATH (Enter on										APPROXIMAT BETWEEN ONSE	
N V	0.00		PARTIDE	ATH WAS CAUSE	D BY:	Broncho	pneumor	ia co	omplica	ating c	ongen:	ital ab	onorma		TAND DEATH
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ac ac	N PENCIL IN N PENCIL IN XAMINER A AL-TRANSII MENTAL HY			is, if any, which	(b)										
3	WINT TRANS		couse (a)	stating the under-		O, OR AS A C	ONSEQUENCE	OF	1108						
201	NI EXA URIAL TION,		lying cau	se last.	(c)										
DS.	2 2 4 W 4 4		PART 2 OTHER SIG	GNIFICANT CONDITIONS	CONTRIBUTING TO	OEATH BUT NOT	RELATED TO THE TER	MINAL DISEAS	SE OR CONDITION (GIVEN IN PART 1 to					
8	MEDICAL MEDICAL AS A BU EALTH AN	Z O													
DIVISION OF VITAL RECORDS, 201 W. PRESTON	PENDIN PENDIN FF MEDIC FED AS A HEALTH AL, CREM	CERTIFICATION	190 DATE OF	OPERATION	19b. C	ONDITION F	OR WHICH OPE	RATION W	VAS PERFORM	ED?				20 AUTOPSY	?
A H	STIFICATE SHOULD JG THE WORD "PE TO THE CHIEF A SHOULD BE USED PARTMENT OF HE RIOR TO BURIAL, O	¥	200											YES X	NO 🗆
J-V	TO BE WENT	W W		L CAUSE WAS		ME OF INJUR	Y ITH DAY YEA		OW INJURY C	OCCURRED (EN	TER NATURE OF	INJURY IN ITEM 1	8 PART I OR PAR	IT 2)	
N N	SAT STAN	=	UNDERLYING CONTRIBUTION	OR CAUSE OF	DEATH	P.M.	III DAT TEA	K							
/ISIG	ERTI ING ING BEN PRICE	MEDIC	21d INJURY C	CCURRED	21e PL	ACE OF INJU	JRY (AT HOME,		CATION						
á	VRITING VRITING ARDED ARDED GE 3 SI (TE DEP	2	WHILE AT WORK	NOT WHILE] SIKE	ET, PACTORY, PAR	M, ETC.)		PIKEE		CITY OR	TOWN	COL	YTML	STATE
	RW/RW/STA			1000	(a)		- h h - 1 1	A	osy K.		1 .				
4	A T T S S S S S S S S S S S S S S S S S			fy that I taak charg	T	}				Inspection L	, Inqui		and in my ap	inion	
-	EXAMII CERTIFI ULD BE DIRECT WITH		death resulte	a fram: Notu	ral causes L	Accide	ent [], S	vicide	, Hamicid		ndetermined	monner	,		
	A NOTE OF THE PROPERTY OF THE		ACTUAL SIGNATURE	111	1 12	M				stant.	150 15 11 511		DATE	1/16/8	6
	SER E		SIGNATURE	V				^	M.D. 210011	A COLITE	MEDICAL EX	AMINER	SIGNE	5 1/ 10/ 0	0
	NAE A A A A A A A A A A A A A A A A A A		EXAMINER'S	NAME	Ann M.	Dixon	, M.D.		ADDRESS 11	ll Penn	St.	Balto	o.MD.		
	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, Z	23e.B	URIAL, CREMAT	TION, REMOVAL			3c NAME OF CE			RY 123e	LOCATION				
07/B4	BP	(:	PECIFY)		1/16/18		Lee's C				CITY OR TOWN	ngton,	D. C.	.TY S1	STATE
25M		24 F	UNERAL DIREC				nond Ave			DATE REC'D	BY REGIST	RAR 256 REC	GISTRAR'S S	GNATURE	
	DHMH - 17 (VR A15 ME (5))	Ga	rtner S	andison	F.H.	rai the	rsburg,	(d.20	10.7	AN SIS	1086	guia Da	widow	Mandalle.	à
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24 FUNERAL DIRECTOR Francis J. Collins Jr.

500 University Blvd. W. Silver Spring.

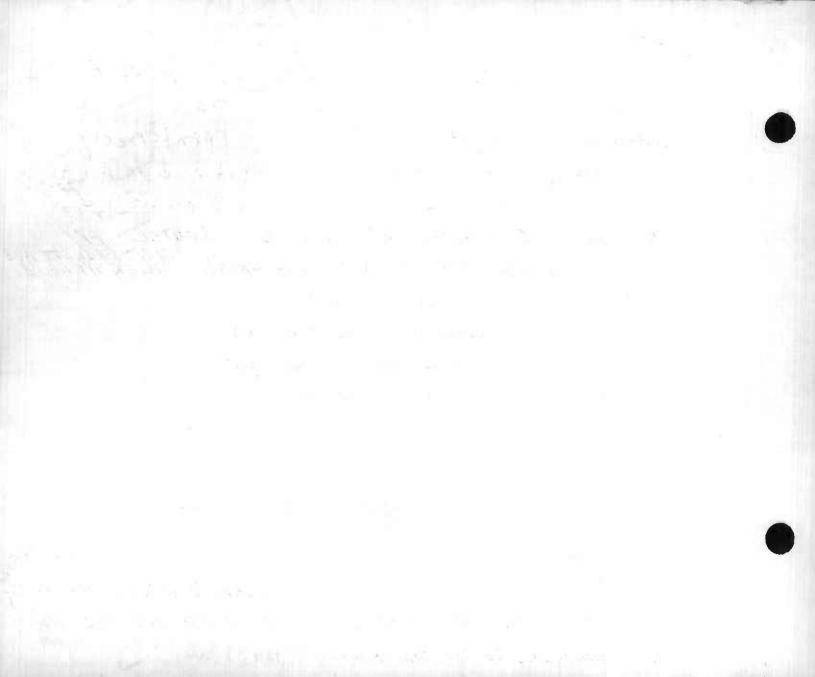
DHMH - 16 50M 1/81 (VRA 15, 4) FOR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Flar with the The state of the s



(VRA 15, 4)

Out the funeral director, page 3. The funeral director, page 3. Sed within 72 hours often death.

1 - FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

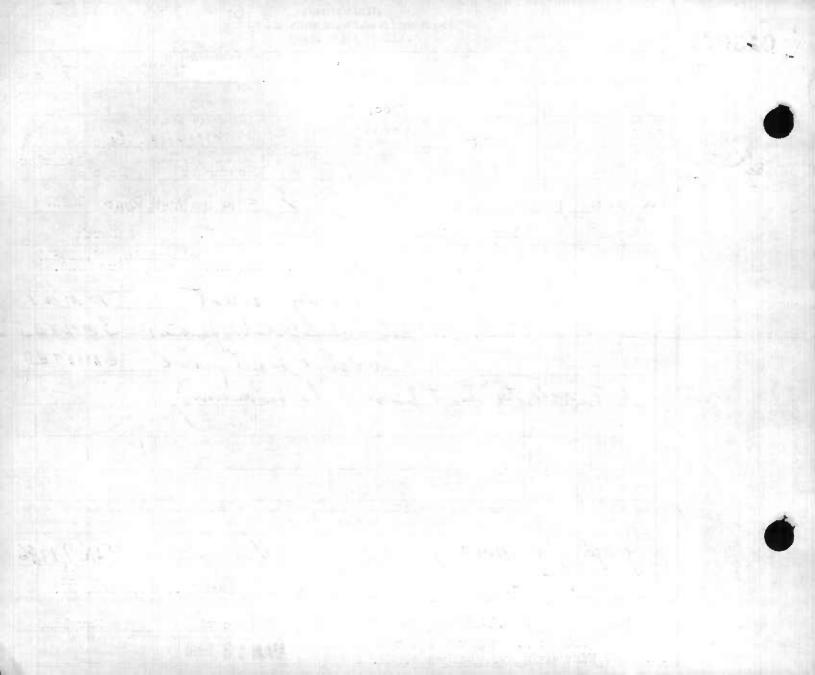
			REG, NO.	
1. DECEASED NAME FIRST	estine i	A NALL	20. DATE OF DEATH MONTH DAY	PG 26 HOUR
1:5EX		5. DATE OF BIRTH		DER LYEAR OF UNDER 24 HRS
Female	White	MONTH PAY YEAR	87 YRS	
BINTHPLACE (STA " OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF	DEATH
Missouri	USA	WIDOWED DIVORCED	Montgomery	MD.
Leatin Ind.	11. NAME OF HOSPITAL, NURSING OF NOT IN SUCH FACILITY GIVE STREET OF	Wheaten wheater in	120 USUAL OCCUPATION 131 (19FLOF WORK FOR MOST OF WORKING LIFE) 1040 1 Homemaker	26 KIND OF BUSINESS OR NOUSTRY OWN home
Maryland Montg	prother institution give residence before a INTY gomery 13c. CITY OR TOWN Silver Sp	ring YES X NO [3350 Chiswick Ct.	20906
Robert	B. Allison	15 MOTHER'S MAIDEN NA Figst Carrie	Isabelle	Barrett
	RMED FORCES? 166 SOCIAL SECURI NA 499–50–35		ADDRESS 324 Con-daughter- Great	anterwood Lane Falls, Va
PART I. DEATH WAS CAUS	inly one couse per line for (0), (b), and ED BY: ATE CAUSE (0) CAPAIR	a espiratory ar	rest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which	DUE TO, OR AS A CONSEQUEN			mouth
cause (a), stating the underlying couse last.		4 myocintal in	tachn	moutes
PART 2 OTHER SIGNIFICANT HX COP	CONDITIONS CONTRIBUTING TO DE	EATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVEN I	N PART 110
HX COP 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH O	PERATION WAS PERFORMED	200 AUTOPSY? 206 IF YES, WI IN CERTIFY INC	RE FINDINGS USED G CAUSES OF DEATH? NO
OR CONTRIBUTING TO CAUSE OF DE	HOUR A.M. MONTH DAY	Y YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART)	OR PART 2)
(IFETHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AL WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAR	RM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
sow the deceased olive or obove, (I) (ye) (gld) (did no	n 1/13 19 8	, and that in (my) our opinian	deoth accurred on the date and hour and	that ((we lost tram the couses stated
226. SIGNATURE 2	Ching -		MEDICAL STAFF DIRECTOR PHYSICIAN	1/13/86
22d. PHYSICIAN'S NAME (TYPE	CHUNG	370/ ROSS	smore Blud. Silv	es Spring and
230 BURIAL, CREMATION, REMOVAL		ME OF CEMETERY OR CREMATORY It. Moriah Cemeter	V Kansas City Jac	reon Missale

DHMH - 16 60M 7/84 (VRA 15, 4) 24 FUNERAL DIRECTOR
Hines Rinaldi Funeral Home Silver Spring, Md.

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

(VRA 15, 4)

071	1-	FOR STATE REGISTRAR		DEPARTA	AENT OF HEA	OF MARYLAND ALTH AND MENTAL HYD ATE OF DEATH	GIENE REG. NO	2 3 3	2
25 100		CEASED NAME FIRST		MIDDLE	LAS		20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR
900		Richar		/	94-6	?//	January 7,		1 a M
10	3 SE	Male	Caucasi	an	5. DATE OF	21 1907 F	6 AGE (IN YEARS LAST BIRT	MONTHS DATE	S HOURS MIN.
W	Mí	RTHPLACE (STATE OR FOREIGN CHATE)	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIED WIDOWED	NEVER MARRIED DIVORCED	mo	r COUNTY OF DEATH	MD.
稳	L	or TOWN OF DEATH	Sul	HOSPITAL, NURSIN HEACILITY, GIVE STREET OLLY DOMESTIC		OTHER INSTITUTION	170 USUAL OCCUPATION OF WORK FOR MOST OF Geographer	ON FWORKING LIFE) 126. KIND INDUSTR Dept	
6	M		ON OTHER INSTITUTION JINTY	130. CITY OR TOW	DH H	34 INSIDE CITY LIMITS?	130 STREET ADDRESS /		20817
2	14. FA	Royal	Tyler	Hall		MOTHER'S MAIDEN NA	H.	Nort	
1			DIE 14/40 OD DATES	166 SOCIAL SECU 363 22 84	426 V	7 INFORMANT Villiam R. H	all, 17109 0	sville, Md xley Fárm I	20837 Road,
traumatic event, t		18. CAUSE OF DEATH I Enter of PART I. DEATH WAS CAUS IMMEDI. Conditions, if ony, which gove rise to immediate	SED BY: ATE CAUSE (0)	R AS A CONSEQUE	Pul	wording pleur	depa	in 3 n	MONTHS MONTHS
any injury, or other	ATION	couse 101, stating the underlying couse lost.	PNDITIONS CO	R AS A CONSEQUE	DEATH BUT N	OT RELATED IN THE TYPE WAS PERFORMED	MINAL DISLASE OR CONE MINAL DISLASE OR CONE 701. AUTOPSYT	DITION GIVEN IN PART 20b. IF YES, WERE FINE	DINGS USED
	CERTIFICAT						YES NOT	YES _	NO 🗌
ked or frem 18 s	MEDICAL CEI	210. ACCIDENT WAS UNDERLYING. OR CONTRIBUTING CAUSE OF D (HE EITHER NOTHY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	ER) HOUR A.I	M. MONTH DA M.	AY YEAR	THE LOCATION STREET	EIN ON TON		STATE
Hem 21 is mar		22a.1 certify that (I) (this has saw, the deceased alive and the same saw that the saw t	aJan /	198		GREE	to Jan 7 death accurred on the do	22c DA	TE SIGNED
PORTANT I		Joseph D. Co	nnor, MD	1	NI D.	22e ADDRESS	MEDICAL STAF DIRECTOR PHYSIC Orgetown Rd.	20	V. 1, 19 86 0814 , Md.
3 3	23a. E	SURIAL, CREMATION, REMOVA	L 23b. DATE			METERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
_		Burial	Jan.10	,1986 Par	klawn	Memorial Pa	rk Rockville	Ma	aryland
50M 7/B4	24 81	INERAL DIRECTOR Rober	t A. Pump	ohrey	eral H	omes,	TE REC'D. BY REGISTRAR		ATURE ytanda (uz.



and completely filled in by the

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

П		REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO).		
		EASED NAME FIRST	WIDDLE	i	AST	20 DATE OF DEATH		YEAR	2b. HOUR
	(TYPE	OR PRINT) HELEN		HAME	ED	JANUARY 1.	1986		7:00 AM
	3. SEX		4 RACE	S. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY) IF U	NDER 1 YEAR	IF UNDER 24 HRS
Э		FEMALE	CAUCASIAN	JANUA	ARY 15,1920	65	YRS	HS DAYS	HOURS MIN.
1	1a BII	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	NTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY OF	R COUNTY OF	DEATH	
5		NNSYLVANIA	USA	WIDOWE	DINORCED	MONTGOMERY	,		MD.
0		TY OR TOWN OF DEATH	JIF NOT IN SUCH FACILITY, GIV	E STREET ADDRESS]	OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		NDUSTRY	F BUSINESS OR
d		LVER SPRING	12929 DEAN R			HOMEMAKER			
-	730 S	TATE 1136 COUN	ITY I3c. CITY O	RTOWN	134. INSIDE CITY LIMITS?	13e STREET ADDRESS /			
1		RYLAND MONTG	GOMERY SILVE	ER SPRING	YES NO NO NAME NO NAME NAME NAME NAME NAME NAME NAME NAME	12929 DEAN	ROAD		20906_
7	1			A & J	FIRST	MIDDIE		LAST	
10	16a W	AS DECEASED EVER IN LUS AR	SLAM	L SECURITY NO.	MARY 17 INFORMANT	ADDRE	SS	MIK	EL
5	(Y		E WAR OR DATES)	20-0102	BENJAMIN A. H	IAMED HUSBA	MO CAL	E AS	12
		18 CAUSE OF DEATH (Enter on			1)	MILL HUSDA	NV SAW		MATE INTERVAL DISET AND DEATH
		PART I. DEATH WAS CAUSE	D BY:	divon	knoweny A	Vrest.		4	ONSEI AND DEATH
Z		IMMEDIAL	DUE TO, OR AS A CON	SECUENCE OF	1.2	1			
		Conditions, if any, which	(b) OR AS A CON	Mill	oma of 1	he lung	4 1 11		
	10	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CON	ISEQUENCE OF	()				
		underlying couse lost	(c)						
	7	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTION	G TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	OITION GIVEN	IN PART To	
1	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR	AVUICU OBERATIO	NI WAS DEDICORNED	200 AUTOPSY?	20b. IF YES, W	EDC CINIDIA	ICC UCSD
7	FICA	196 DATE OF OPERATION	198. CONDITION FOR	WHICH OPERATIO	IN WAS PERFORMED		IN CERTIFYIN		OF DEATH?
	ERTI	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCUR	YES NO	YES [OR PART 2)	NO [
1		OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONT			TEMERAL ON ON		OR CARTES	
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	21e PLACE OF INJURY	19	21f LOCATION				
	ME	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY	OFFICE, FARM ETC)	STREET	CITY OR TO	VN	COUNTY	STATE
		22a I certify that (I) (this hospit	tol) ettended the deceased	from -	we 26 19 85	10 Jan	19.	36	that (I) (we) last
		sow the degeosed ofive on	1X4x/1 5 1		nd that in (my) (our) opinion (death accurred on the do	te and hour an	d from the	couses stated
		276 SIGNATURE	111 1111		DEGREE			22c. DATE	SIGNED
		Howar	1 Montage	_	ATTENDING PHYSICIAN	MEDICAL STAF	F IAN []		
		224 PHYTICIAN'S NAME (1940	Marile .		22e ADDRESS				
		HOWARD S. GOLI	OSTEIN, M.D.		4701 RANDOLPH	H ROAD #105	ROCKVII	LLE, N	ND.
		URIAL, CREMATION, REMOVAL	23b DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION	cc	DUNTY	STATE
	B	URIAL	JAN. 4, 1986	GATE OF		STIVER SP	RING MO	NTGOM	FRY MD.
	24 FL	INERAL DIRECTOR FRANCI	S J. COLLINS,	JR.		E REC'D BY REGISTRAR	25h, REGISTRAR		URE

DHMH - 16 60M 7/84

should be detached for use as the burial-transit permit. Then pleas with the State Dept. of Health and Mental Hygiene prior to burial, MAPORTANT: If them 21 is marked or Item 18 shows any injury, or a

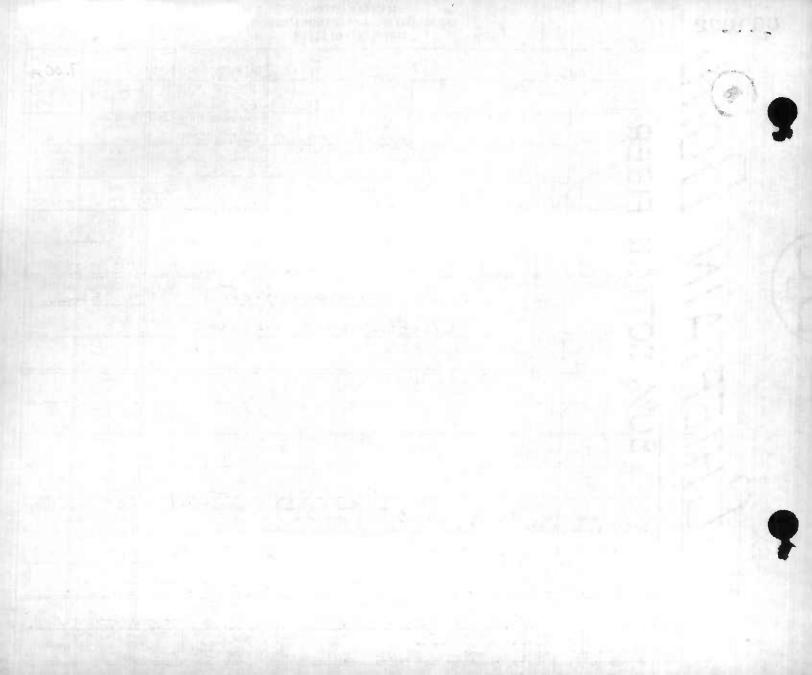
(VRA 15, 4)

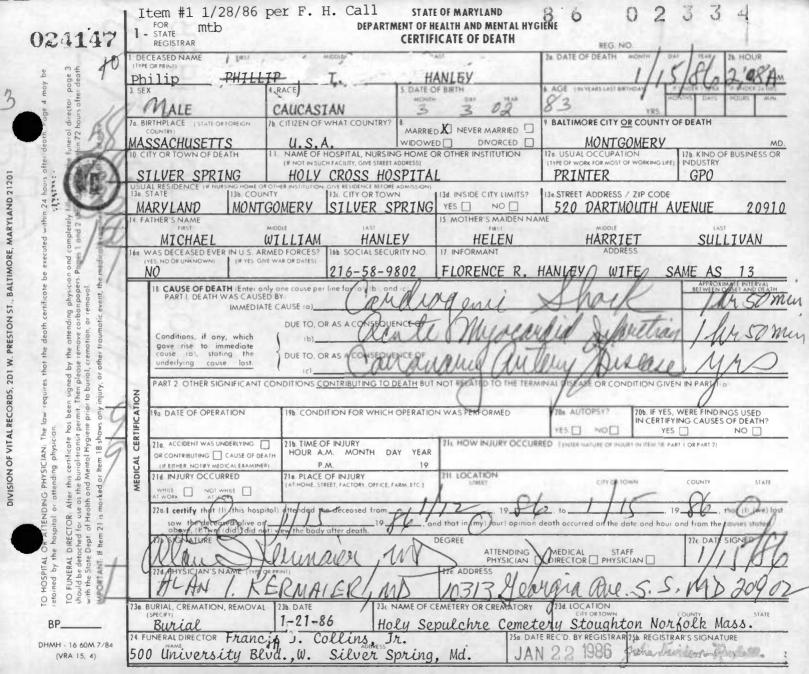
TO FUNERAL DIRECTOR After

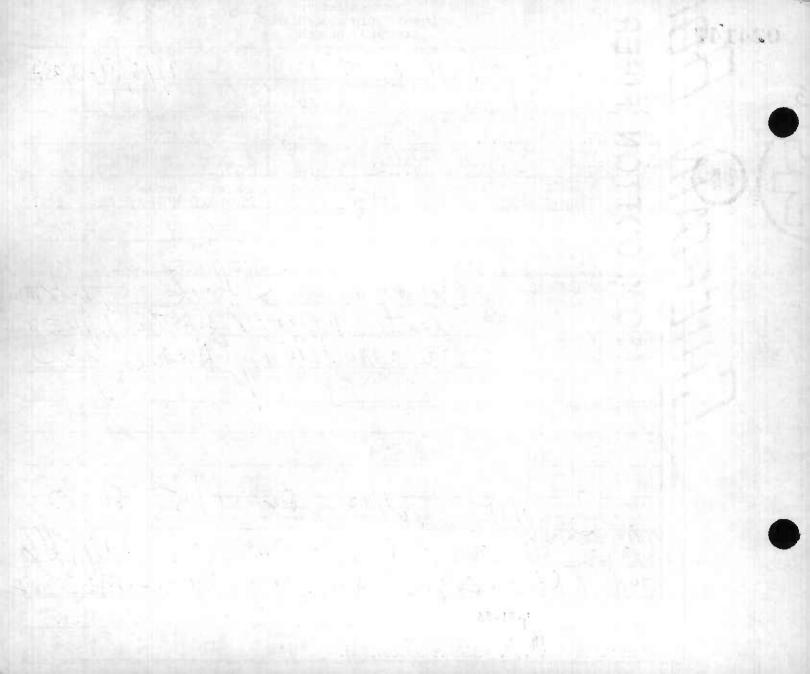
TO HOSPITAL etoined by

500 UNIVERSITY BLVD. W. SILVER SPRING, MD.

250. DATE REC'D BY REGISTRAR 25%, REGISTRAR'S SIGNATURE







DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. BATTIMORE, MARYLAND 21201

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

0 2 3 3 5

REG NO

							MLO. II	· .				
		CEASED NAME FIRST		MIDDLE		LAST	20. DATE OF DEATH	MONTH D	AY YEAR	26 HOUR		
		IRVI	N		HANTM	IAN	January 2	8, 198	36	11:10AM		
	3. SEX	(4. RACE	E DECLAR	5. DATE O		6. AGE (IN YEARS LAST BIR		IF UNDER TYEAR	IF UNDER 24 HRS		
		Male	Cauca	sian	Marc	h 15, 1907	78	YRS.	ONTHS DAYS	HOURS MIN.		
1			76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH			
7		Maryland	U.	S.A.	WIDOW		Montgom	Montgomery County, Mr				
1	10 CI	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME (OR OTHER INSTITUTION		USUAL OCCUPATION 126. KIND OF BUSINESS				
_	CI	hevy Chase		8 Raymond		et	Physician	F WORKING LIFE		ate Pract		
98	USUA	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)			3.33	1-11-0	icc rrace		
5		aryland Montge		Chevy Ch		13d INSIDE CITY LIMITS?	3408 Raymo		eet.	20815		
1		THER'S NAME	ooz.j	10.10.7	abo	15 MOTHER'S MAIDEN NA		na bez		20013		
6	Louis Hantman						(unkno	wn)	LAS	51		
,		VAS DECEASED EVER IN U.S. AR		16b. SOCIAL SECU	RITY NO.	17 INFORMANT			Raymon	od St		
Yes, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Yes WWII 578-62-9506 Louise Sunfeather, Chevy Chas												
18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)										IMATE INTERVAL ONSET AND DEATH		
		PART I. DEATH WAS CAUSE	D BY:	PNEUM		Ø.			1-2 200			
	- 23	IMMEDIAI	E CAUSE (a)	17.201.	0,	Α			-	2 ceargs		
		Caralter of the Control	DUE TO, O	RAS A CONSEQUE		74			7	dans		
		Conditions, if any, which gave rise to immediate	(b)	INFLU	CITA	27			+ /	Lange		
		couse (a), stating the underlying cause last	DUE TO, O	R AS A CONSEQUE	NCE OF							
			(c)_									
	7	PART 2. OTHER SIGNIFICANT C			EATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVE	N IN PART 1	0		
_	ē	PARKIN	150NS	DISEA	-56							
1	CERTIFICATION	190 DATE OF OPERATION	196. COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDING CAUSES			
	E						YES NO	YES		NO 🗆		
1	8	210. ACCIDENT WAS UNDERLYING	21b. TIME O	FINJURY M. MONTH DA	V VEAD	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PAI	RT 1 OR PART 2)			
	¥	OR CONTRIBUTING CAUSE OF DEA	1173		19							
	MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY		21f LOCATION						
	×	WHILE NOT WHILE AT WORK	(AT HOME, STE	REET, FACTORY, OFFICE, FA	ARM, ETC.)	STREET	CITY OR TO	WN	COUNTY	STATE		
		220.1 certify that (1) (this hospit	al) attended th	e deceased fram_	NOV	21,1954 19	TANUA	RY281	9.86	that (I) (we) last		
		saw the deceased alive an above, (I) (we) (did) (did not	JANUA	CAY 28 19 5	CO or	nd that in (my) (aux) opinian	death occurred an the do	ate and haur	and fram the	causes stated		

22e ADDRESS

KING DAVID MEM, PARK

24 FUNERAL DIRECTOR

Lawrence E. Putnam, M.D.

6101 Sixteenth St., N.W., Washington, DC

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

230. BURIAL, CREMATION, REMOVAL 236. DATE SURIAL 01/30/86

236 NAME OF CEMETERY OR CREMATORY 234 LOCATION CITY OF TOWN

FALLS CHURCH, VIRGINIA

COUNTY

DATE SIGNED

28,1986

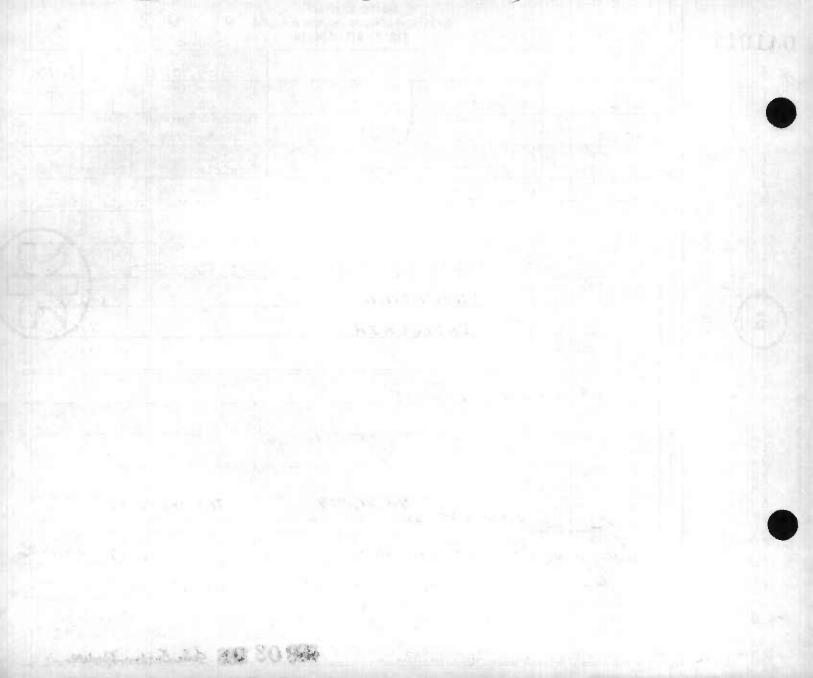
STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

Ives-Pearson F. H., Arlington, VA.

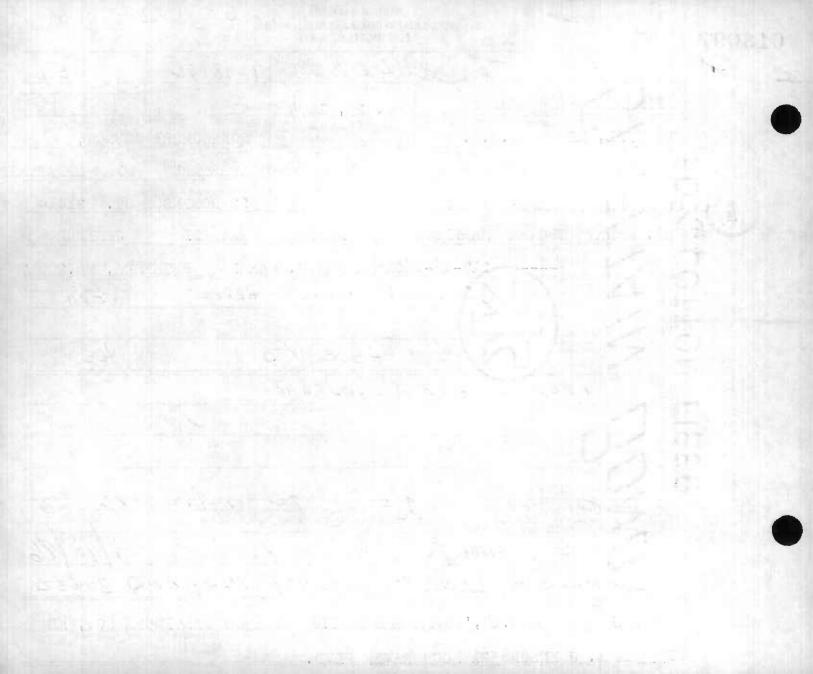
18 03 196 Get Triples Podete



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL

STATE OF MARYLAND - STATE 017012 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME In DATE ENOWN TO TYPE CEPHINE DEATH MATED AGE UNITEARS IF UNDER 24 HRS DATE PRONOUNCED DEAD 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION COUNTY WAS DECEASED EVER IN U.S. ARMED FORCEST (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for (q APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Canditians, if any, which gave rise to immediate (b)_ cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10: CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? ARTMENT OF HE OR TO BURIAL. 20 AUTOPSY? YES . 716 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 214 INJURY OCCURRED 21f. LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY 220 I certify that I took charge of the remains described above, held an Autopsy Inspection 2 Inquiry and in my apinian death resulted fram: Natural causes Suicide Hamicide Undetermined manner TITLE (SPECIFY) MINER'S NAME (TYPE OR PRINT) ADDRESS CREMATION, REMOVAL 236 HAT MOTHY MEDITARE PLANTED ON STEAR ME REGISTRAR'S SIGNATURE 3030-1257.HE. **DHMH - 17** (VR A15 ME (5))

CHOOSE ! STAN LEWIS CO. LEWIS CO. LAND FURNING TO STATE OF THE STATE O SALEMENT TO SELECT THE SELECT SELECTION OF THE SELECTION CALLANDER & STORE OF THE PROPERTY. the supplied that the second of the second The other business of the street De Commerce Days to the State of the



STATE OF MARYLAND

Total I allow 1-13-86 11 9

DHMH - 16 60M 7/B4 (VRA 15, 4) 24 FUNERAL DIRECTO Robert A. Pumphrey Funeral Home 550 PATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGN 300 West Montgomery Ave. Rockville, MD PA JAN 8 1986 Julia Build.

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(VRA 15, 4)

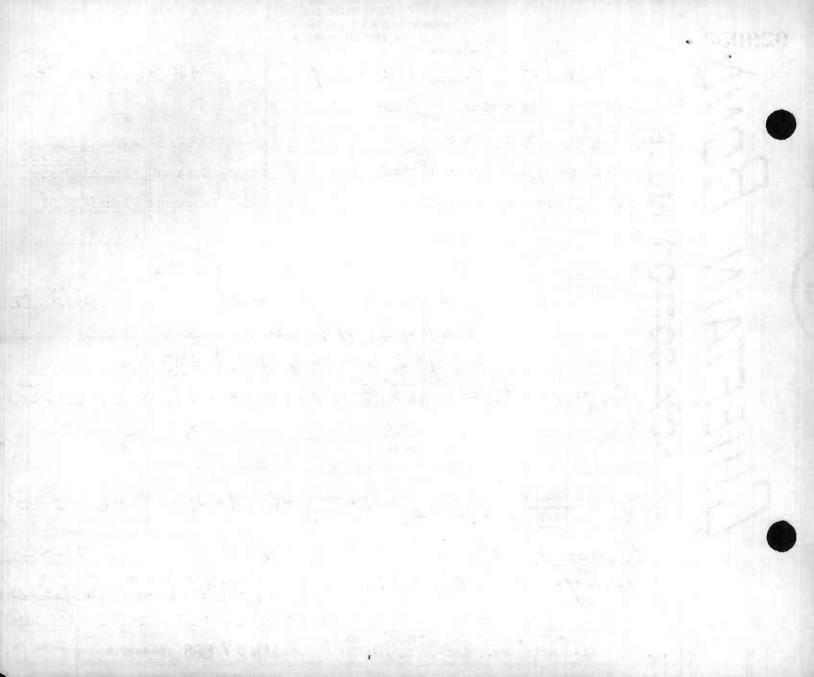
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1-	FOR STATE		DEPARTA		EALTH AND MENTAL HY CATE OF DEATH	SIENE	Ca W		rieg -
_	REGISTRAR					REG. NO.			
	CHARLE MUR	1-1-	M.	HA	RVE4	20 DATE OF DEATH MO	AI.	198L	6 HOUR M
1. SE		4 RACE		5 DATE O	OF BIRTH	6. AGE (IN YEARS LAST BIRTHD)	AY) IF U	INDER 1 YEAR	IF UNDER 24 HRS
	Female	Caucasi		March	7, 1895 YEAR	90	YRS	THS DATS	HOURS MIN
	RTHPLACE PRIATE DEFORM	76 CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY OR C	OUNTY OF	DEATH	
MAG.	st Virginia	United :	States	WIDOWE		Montgomery	Count	TV	MD
20	TY OF TOWN OF DEATH	(IF NOT IN SUC	H FACILITY, GIVE STREET	IG HOME O	ROTHER INSTITUTION	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WI	ORKING LIFE)	126 KIND OF INDUSTRY	Public
	lver Spring		ross Hosp			School Teach	er (School	System
130 3	4 4 4	county ontgomery	13c. CITY OR TOW Rockvill	N 1	136 INSIDE CITY LIMITS? YES NO 🛣	13e STREET ADDRESS / ZI		lace/	20852
140.59	THER'S NAME	#IDDLE	TACT		15. MOTHER'S MAIDEN NA				
Wi	lliam	-iDDIE	Martin		Lausie	WIDDLE		Moore	
	VAS DECEASED EVER IN L		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRESS			
(YES NO OR UNKNOWN) (IF	YES GIVE WAR OR DATES)	234-62-6	802	Freda Buck	Same as 13	e.	10	
The said		DUE TO, OF	CAR	dit	ac Arr	1091		BETWEEN OF	MATE INTERVAL INSET AND BEATH Limite
100	underlying crune la	DUE TO, OF	A CONSEQUE	26	rinary T	RACT In	section .		
ATION	CD W	regtiv	a H	eAr	THE FAIR TWAS PERFORMED	VINAL DISEASE OR CONDITI	Db. IF YES, W	UM12 VERE FINDING	Suls GS USED
¥	COT - INCH	100				YES NOTE	V CERTIFYIN YES T	G CAUSES O	OF DEATH?
CERTIFICAT	218. ACCIDENT WAS UNDERLY		F INJURY M. MONTH DA	AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER MATURE OF INJURY IN	_	ORPARI 2)	
2	LIF EITHER NOTIFY MEDICALE		м.	19					
MEDICAL	21d INJURY OCCURRED	21e. PLACE (OF INJURY EET, FACTORY, OFFICE F.	ARM FIC 1	211 LOCATION STREET	CITY OR TOWN		COUNTY	STATE
*	NOT WHILE			7	9/	1571=		0/	- Long of
13	22a 1 certify that (1) (the saw the deceased a	live an 1 - 2	1- 186	6- an	d that in (my) tour) opinion	death occurred on the date	and have an	od from the r	hat de (we) late !
	22b. SIGNATURE	and not view the burly	after death		DECREE			122¢ DATES	
	George	· B Val	rick &	Mi	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	4 🗆	1-2	21-86
	Georg	e B /	4 Mich	JAL	17. ADDRESS 721 D 5 1114	LOLEGU 17DVII	ille	, And	70910
	Burial, CREMATION, REM	Januar			Memorial Par	ck Oak Hill/Fa	ayette	/West	Virginia

DHMH - 16 60M 7/84 (VRA 15, 4)

P.A., 7557 Wisconsin Ave., Bethesda, Md. 20814

guilla Davidson- Mandalas



(VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

		EASED NAME FIRST OR PRINT) 1		WIDDLE	1/	AST	20 DATE OF DEATH	MONTH DAY	YEAR 26. HOUR	
331/81	Time.	Robe	rt	0.	H	aus		1 23	86 40s	М
100	SEX		4 RACE		S. DATE O		AGE (IN YEARS LAST BIR	THDAY) IF L	INDER I YEAR IF UNDER 24 HRS	
2	1	Male	Ca	mession	MONTH 3	6 16	69	YRS.	THS DATS HOURS MIN.	
		THPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8 MARRIET	NEVER MARRIED	BALTIMORE CITY	R COUNTY OF	DEATH	
		caster, Pa.	USA		WIDOWE	D DIVORCED	MON	rappr	nery m	D.
2/	4	Koma Park	(IF NOT IN AUC	CH FACILITY, GIVE STREET AL	HOME O	100 H 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- alone	1011	THE KIND OF BUSINESS OF INDUSTRY US Govt.	2
	JSUA	L RESIDENCE (IF NURSING HOME OR		GIVE RESIDENCE BEFORE			1100	/ 7IP CODE	00707	-
/			ce Georg	e Beltsvi	lle			il Place	Beltsville	
	Joh	THER'S NAME n FIRST	J'DDLE	Haus		IS MOTHER'S MAIDEN NAM Elizabeth	A MIDDLE		Schearer	
2	o w	AS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIA	MED FORCES?	166 SOCIAL SECUR 196-10-4		17 INFORMANT Elsie M. Haus	4416 Tonq		Beltsville Md. 20705	
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly ane couse per D BY: 'E CAUSE (0)	r line for (o), (b), and	ARD	iAC ARK	26sT		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	=
		IMMEDIA		R AS A CONSEQUEN	NCE OF	1777	100			_
		Conditions, if any, which gave rise to immediate	(b)_			RIEVLAR	ARRO	25'1		-
	8	cause (0), stating the underlying cause lost	DUE TO, O	R AS A CONSEQUEN	PRO,	he iset	HEMIA	16472		
	NO	PART 2 OTHER SIGNIFICANT O		ONTRIBUTING TO DE	EATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE OR CON	DITION GIVEN	IN PART Ita	
7	S	12/11/85	196 COND	ITION FOR WHICH C	PERATION	N WAS PERFORMED	200 AUTOPSY?		G CAUSES OF DEATH?	
	L CERTIFI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		FINJURY M. MONTH DAY	YEAR	21c HOW INJURY OCCURRE	D (EMER NATURE OF INJU	RY IN ITEM 18 PART		
/	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) P.	M.	19					
	WED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, FAI	RM ETC }	211. LOCATION STREET	CITY OR TO)WN	COUNTY STATE	
		22a. I certify that (1) (this hospi			12/	1/2 19 85	_, ta	23 , 19.	86 , that (1) (we) las	51
7		saw the deceased alive op above, (I) (we) (did) (did no	ti view he body	after death.	6, on	d that in (my) (aur) apinian de	eath occurred on the d	ate ond hour ar	d fram the couses stoted	
		226 SIGNATURE	1000	1	C	DEGREE			221. DATE SIGNED	11
-4		X/5 /	elle	ue,			MEDICAL STA	IAN [1/23/8	6
		220 PHYSICIAN'S NAME (TYPE O	NEI	MAT,	40.	27. ADDRESS 103,3 SILVER	CGOK!	91 A 1	0.20902	
7	3a BI	URIAL, CREMATION, REMOVAL PECIPBURIAL	Januar	y 27, 1986	ME OF CE	METERY OR CREMATORY rge Washingtor	23d LOCATION	Prince	George Md.	-
7/84	Do	NERAL DIRECTOR BOTEWAY					REC'D BY REGISTRAR			4

STATE OF MARYLAND

	FO				DEPARTA		OF MARYLAND EALTH AND MENT.	AL HYGH	ENE 0	2 3	4:	5
020151	- ST.	CICTRAR	WTI.T.T	AM .	JACOB	CERTIF	CATE OF DEAT	H _{SR}	JAN REG. NO	o. 11,	1986	
	T. DECEAS	SED NAME	L/A/	1 -	4COB	H	INES	SR		MONTH DAY	VEAR 86	26. HOUR ZAM
nge 4 may be rector, page 3 urs after death	3 SEX	ALE		4 RACE WHITE		5. DATE O	14 ^{DAY} 189 ^{VE}		1. AGE TIN YEARS LAST BIRT		UNDER I YEAR	HOURS MIN
nerol di	70. BIRTHI MD.	PLACE (STATE OR F	OREIGN		WHAT COUNTRY?	MARRIED WIDOWE	NEVER MARRI		MONTGOME		FDEATH	MD,
to offer d	SIL	TER SPRI	NG	513"0	RCHARD WA	G HOME O	R OTHER INSTITUTE	ON	124 USUAL OCCUPATE ITYPE OF WORK FOR MOST O FARMER	ON F WORKING LIFE]	126. KIND OF	F BUSINESS OR
24 hour filled in ould be filled in	USUAL RE	SIDENCE IN NUR	13b COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION) PRING	134 INSIDE CITY LIA	Y	513 ORCHAR	D WAY	209	904
marking ompletely I and 2 sh		R'S NAME EUBEN	^	AIDOLE .	HINES	TH	MARY MARY	DEN NAM	E MIDDLE	BURRIS	SS LAST	r
MORE, n and co	NO WAS	DECEASED EVER		MED FORCES? WAR OR DATES)	220-32-6	117.0	MARY ELLI	EN HI	NES 17821	Pond F	load 20861	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The low requires that the death certificate be executed within 24 hours cartificate by been signed to the signed by signed by signed to the signed by signed or them 18 spows any injury, or with signed by signed by signed or them 18 spows any injury.	PAI	inditions, if ony over rise to immuse to, statistical derlying cause RT 2 OTHER SIG	which mediate and the last	DUE TO, O	TES	NCE OF			NAL DISEASE OR CON	200. IF YES, V	IN PART 110 WERE FINDIN NG CAUSES	IGS USED OF DEATH?
ATTEND hospital or interpretations hospital of Heal hem 21 is m	WEDICAL State OR (IE 214 WMAT V 226.	saw the decease	CAUSE OF DEA: AL EXAMINER) RED OHILE Othis hospit ad-plive on- did (did not	TH HOUR A P 21e PLACE 1AT HOME, ST (1) view the body	M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.	211 LOCATION STREET 19. d that in (my) (our) o	64 opinion de	CITY OR TOW	, 19 ote and hour o	COUNTY 86	
TO HOSPITAL TO FUNERAL Should be deto with the Store E IMPORTANT: #	23a. BURIA	DON AL, CREMATION, ZIAL	ALD	23b. DATE			OLA METERY OR CREMA INCOLN	VEY	HAL 1234 LOCATION BRENTWOOD	208	32 70kge	MĎ ^{vave}
DHMH-16 20M (VRA 15, 4) 7/7B	24 FUNER	AL DIRECTOR	BARB		TONSVILLE	-	12		REC'D. BY REGISTRAR	256. REGISTRA		JRE

M. 1902. - BSCL CILLIAND as . byth butturowing feld a Will Dishards on the all resentate Proceed to Conservation " 78-11-1 B. Will a Archenius Al A. No. 10. 15-5 Principle. Levision, Magree Palace, H. Di

DECEASED NAME TYPE OR PRINTS

To BIRTHPLACE ISTATE OR FOREIGN

3 SEX

La	0	60.0	1

126 MIND OF BUSINESS OR

DEPARI	CERTIFICATE OF DEATH	REG. NO.				
DLE	HOANG	JANUARY	2 /	YEAR 1986	2b. HOU	F50M
0	5. DATE OF BIRTH SAN 9 1907	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS	DAYS	IF UNDER	MIN.
AM	MARRIED NEVER MARRIED WIDOWED DIVORCED	Montgomer		1		MD.

et NAM WIDOWED CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION TO HOME OR OTHER INSTITUTE TO COUNTY Montgomery Silver Spring

1- ducation eaches Silver Sp. 13d INSIDE CITY LIMITS? 242T Hidden Valley Ln. 20904 IS MOTHER'S MAIDEN NAME

Maryland Binh V. Hoang

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

HIEN

4 RACE

451A

76 CITIZEN OF WI

Tuong-Van T. Nguyen ADDRESS 17 INFORMANT 166 SOCIAL SECURITY NO.

Don Buu same as #13

211 LOCATION

DEGREE

23¢ NAME OF CEMETERY OR CREMATORY

18 CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE O Conditions, if ony, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost

NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 119

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

	L
210 ACCIDENT WAS UNDERLYING	1
OR CONTRIBUTING CAUSE OF DEATH	ı
(IF EITHER NOTIFY MEDICAL EXAMINER)	L
21d IN HIRY OCCURRED	12

22a I certify that the hospital attended the

190 DATE OF OPERATION

23a. BURIAL, CREMATION, REMOVAL

Cremation

IL TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2)

200 AUTOPSY?

le PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE FARM ETC) NOT WHILE

and that in (my) (our) opinion death occurred an the date and hour and from the causes stated

CITY OR TOWN

NOX

226 SIGNATURE

22c DATE SIGNED 1/3/86 ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN

BELLEDONNE

22e ADDRESS PHYSICIANS LANE

Baltimore Wash. Crematory Laurel Prince George Md.

SUITE 251

ROCKVILGE MI)

20b. IF YES, WERE FINDINGS USED

COUNTY

IN CERTIFYING CAUSES OF DEATH?

NO [

STATE

DHMH -	16	60M	7/B4
(VR	A I	5. 41	

be deta

ld b

236. DATE

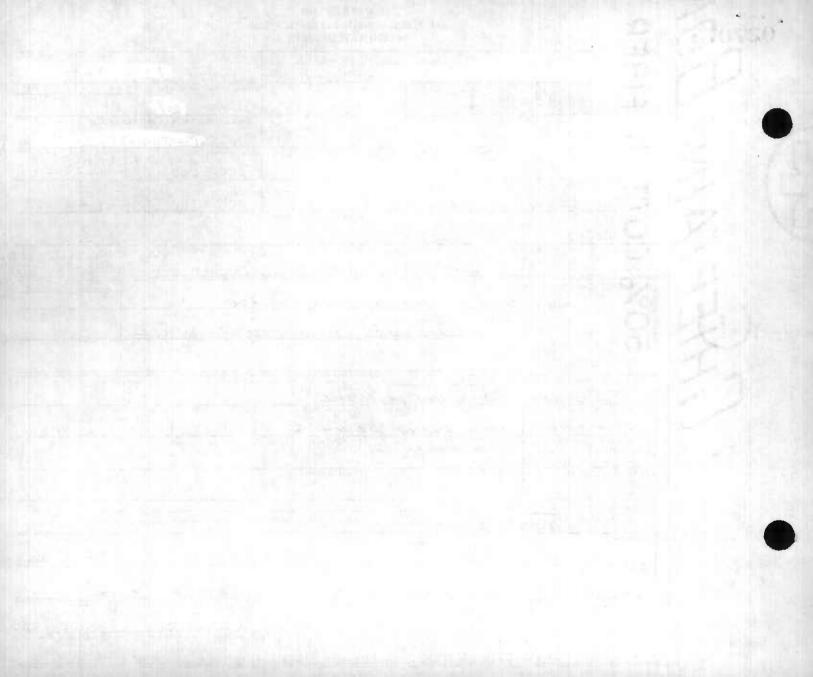
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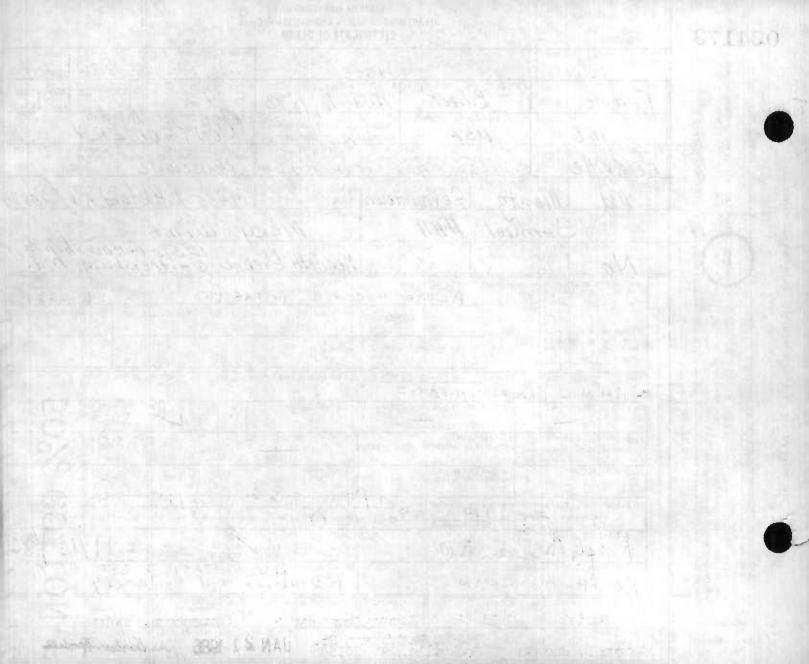
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST

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(VRA 15, 4)



			ø	FOR *	DEP		E OF MARYLAND EALTH AND MENTAL HYG	6 U Z x) 5 0	
0	24173		1 -	STATE REGISTRAR			ICATE OF DEATH	REG. NO.		
	, L.			EASED NAME FIRST	MIDDLE	l.	AST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
	noy be poge 3		LITTE	Julia		Ho.	es	January 15	5, 1986	2007 M
1	r, po		SEX	1	4. RACE	S. DATE C	PAY LANTA	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATE	IF UNDER 24 HRS HOURS MIN.
5-	recto urs o	2	1	emale	DIACK	HU	9.16,1893	12 YRS		
	20 P.	4		THPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COUN	TRY? 8.	NEVER MARRIED	9. BALTIMORE CITY OR COUNT	4	
	deot funer funer funer	1	10 CI	X OR TOWN OF DEATH	USA	WIDOWE		120. USUAL OCCUPATION	PERY	MD. OF BUSINESS OR
	the d will	15	1	DE VIII.	(IF NOT IN SUCH FACILITY, GIVE	STREET ADDRESS)		(TYPE OF WORK FOR MOST OF WORKING		P BOSINESS OK
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YLA	thin sho	7	4 FA	THER'S NAME	1/ 1/	2	IS MOTHER'S MAIDEN NA	ME		7 -100-
MARY	1 /	2		FIRST SAT	nuel HAT		MAR	Ly Wims	ĮAS	6 4 6
	T BENE	7	60 W	AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL	SECURITY NO.	17. INFORMANT	12350 F	e11,0005.	hiplane
BALTIMORE	1 2 /	7		No			Kenneth Gre	eene Gaither		Md.
BAL	Contraction of the contraction o	1		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	D BY	1 .				MATE INTERVAL ONSET AND DEATH
ST.,	ag ph bong remo				TE CAUSE (0) ACL	18 wh	OCARDIA INF	patetion		MEER
PRESTON	endin n. or				DUE TO, OR AS A CONS	EQUENCE OF				
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3	by the serve			underlying cause last.	DUE TO, OR AS A CON	SEQUENCE OF				
201	ned pleo			PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	O TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION G	IVEN IN PART 11	a·
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DIVISION OF VITAL RECORDS.	ow r	3	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED		ES, WERE FINDIN	
AL R	The I	X	RTIFI			_		YES NO	YES 🗌	NO 🗌
N Y	AN: ohysio ficot fron 1 Hyg	6		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE		DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)	
OZ	SICI cert cert cert vriol	1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M. 21s. PLACE OF INJURY	19	211 LOCATION			
ISIO	tendi the bi		MEC	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, C	FFICE, FARM, ETC)	STREET	CITY OR TOWN	COUNTY	STATE
2	Or	2		22a. certify that this hosp	ital) attended the deceased i	rom 1	19 10 8	6 1/15	10 86	that (I) we) last
400	TEN or us or us of He				1 14	evi	nd that in (my) (our) opinian	death accurred on the date and ha		
	R ATT hospi IRECT hed fo ept. of			274 MATURE A	The body after death.		DEGREE		774 DATE	SIGNED
	AL O the AL D detacles of Tr. H.			Kaphin	Loan ND		ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	1//	6/86
	HOSPITA iined by FUNERA buld be de th the Stat	1		274 PHYSICIAN'S NAME (1991)	DE REALLY	100	220 ADDRESS 444		857 N	100
	TO HOSPITA retained by 1 TO FUNERAl should be de with the Stat IMPORTANT.			KALPH M.	COAN		BELLES		814	
				URIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	COUNTY	STATE
	BP		24 51	Burial INERAL DIRECTOR	1-21-86		Cemetery	Germantown, I	Montg. M	D
	DHMH - 16 50M 4/8	2		NAME	Jen Pockeril	Washingt	on St. IIAAI	TE REC'D. BY REGISTRARI 156 REGIS		pleble :
	(VRA 15, 4)		(George R. Snow	den Rockvil	le, MD	20850 PMI	7 1200 Livering	Marchanda	1



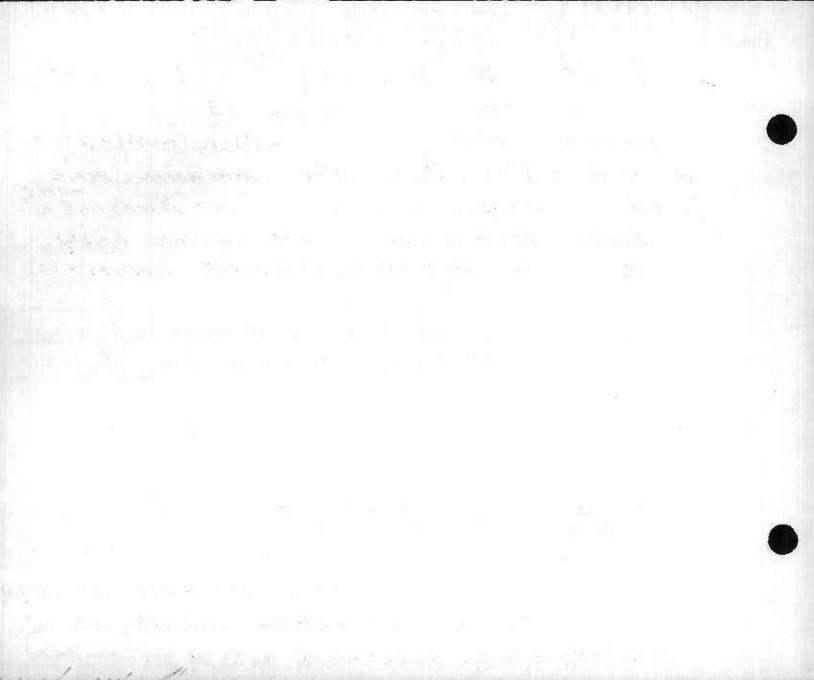
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT 010092 REG. NO EASED NAME 20. DATE KNOWN DOMONTH (TYPE OR PENT) OF ESTI-DEATH MATED DATE LAST BIRTHDAY) PRONOUNCED DEAD 930 YRS TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) USA WIDOWED DIVORCED Massachusetts 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Dist. Mar Fed. Legisla USUAL RESIDENCE 136 COUNTY 30 STATE Montgomery 20912 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST Holland Michael Bridget McEntee WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO. OR UNKNOWN) (IF YES GIVE WAR OR DATES) 1951-55 HOLLAND WIFE SAME AS 13 016-24-9786 APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I DE ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 Id 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? one 710 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY LATHOME. 211 LOCATION STREET, FACTORY, FARM, ETC 1 CITY OF TOWN COUNTY STATE WHILE AT WORK 22a I certify that I took charge of the remains described above, held an Autapsy Inspection Inquiry Natural causes death resulted fram: Hamicide L Suicide Undetermined manner TITLE (SPECIFY) SIGNATURE MEDICAL EXAMINER 1919 Seminary Rd. Silver Spring, Md. EXAMINERS NAME John S. Rogers, M.D. (TYPE OR PRINT) ADDRESS 230 BURIAL, CREMATION, REMOVAL 236 DATE 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION Fort Lincoln Cometery 07/84 Brentwood Pr. 24 FUNERAL DIRECTOR Francis J. Callins, Jr. 25a. DATE REC'D. BY REGISTRA **DHMH - 17** 500 University Blvd. W. Silver Spring, Md. (VR A15 ME (5))

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STATE OF MARYLAND

REG.	NO.

035036	1-	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.						
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eral director 72 hours at		RTHPLACE (STATE OR FOREIGN 76.	WHITE CITIZEN OF WHAT COUNTRY? U.5 A.	SEPE. 29, 1932 MARRIED NEVER MARRIED WIDOWED DOWNCED	9 BALTIMORE CITY OR COUNTY				
The state of the s	51	IY OR TOWN OF DEATH USSELL IN THE SING HOME OR OTHER	NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION ODRESS HSP.	12g. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LII HO ME MAKER	HOME			
1	130 S	TATE 136 COUNTY	COMERY KENSING	13d. INSIDE CITY LIMITS?	WIDDLE	ERS MILL Rd.			
on and comp		VAS DECEASED EVER IN U.S. ARMEI ES, NO BRUNKNOWN) (# YES, GIVE W.	10.000.1160	ARCE RITYNO. 17 INFORMANT BILGO ROBERT D.	FLORENCE ADDRESS BURNS (SA	MEAS # 13)			
th certificate naing physic carbon paper or removal		18 CAUSE OF DEATH lEnter only of PART I. DEATH WAS CAUSED B IMMEDIATE C	Y:	ncest and		BETWEEN ONSET AND DEATH MINUTED 120			
the of the office remove remove		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO CENTRALEOUE	مراسان	al Tone h	XeAdo			
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TENDING PHONE IN ON A A HEE THE STATE THE STAT	ME	WHILE AL WORK ALL WORK 220.1 certify that (this haspital) saw the deceased alive on	1-23 19	1-23 19 86	CITY OR TOWN	19 that (I) (we) last us and from the causes stated			
by the hosp by the hosp ERAL DIRECT of despond to Store Dept. of AMT. If them.?		gbove. (The did (did not) v 22b. SIGNATURE 22d. RHYSICIAN'S NAME TIMPE OR PR	12003	DEGREE ATTENDING PHYSICIAN 122e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	1-23-26			
TO HOSE TO FUN shoole with the		J'AMUEL	I)5001	TZ 103/3	GEORGIA AUE 23d LOCATION CITYORIOWN CITYORIOWN CONTROLOWN CITYORIOWN	COUNTY STATE			
BP DHMH - 16 50M 4/83 (VRA 15, 4)		INERAL DIRECTOR W. CHAMBERS	Co. FNC. SIL		E REC'D. BY REGISTRAR 256 REGIS	TRANSSIGNATURE			



	FOR		
-	STATE		

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ge 4		MACE	CAUC	MIAU	MONTH	-18-90	95	YRS MONTHS	DATS HOURS MIN.	
rol dir 72 hou		RTHPLACE (STATE OR FOREIGN OUNTRY)		WHAT COUNTRY?		NEVER MARRIED	9 BALTIMORE CITY OF		TH	
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hat the death to by the attention as rethore complete, cremation, and other traumatic.		Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse lost)	R AS A CONSEQUE R AS A CONSEQUE		OTIC HEART	0186432 1	4	RARS	
quires the signed Then ples to burion niury, or	NO	PART 2 OTHER SIGNIFICANT OF								
he low re on. hos been t permit. iene prior	CERTIFICATION	190 DATE OF OPERATION				N WAS PERFORMED	20a AUTOPSY? YES NO	206. IF YES, WERE F IN CERTIFYING CA YES	INDINGS USED	
g physici g physici entificate riol-transi intal Hygie tem 18 sh		210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	TH HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR P	(RT 2)	
ottendin ter this of is the burn hand Merked or I	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE C	OF INJURY EET FACTORY OFFICE FA	ARM ETC)	211 LOCATION STREET	CITY OR TO	VN COUR	NTY STATE	
TTENDIN pital ar TOR: Af for use o of Health		220.1 certify that (1) (this hospi saw the deceased alive an abave, (1) (well-tighd) (did na	1-6	19 8	6 , an	d that in (pay) (aur) opinion d	, toleath occurred an the da	te and have and fra	m the causes stated	
the hos at DIRECtoched ite Dept.	9	300Chei	n	\bigcirc		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F _ /	DATE SIGNED	
TO HOSPITAL retained by the TO FUNERAL should be deto with the State limportant:		22d. PHYSICIAN'S NAME (TYPEO JOEL A. RE		MO,		220 ADDRESS EN	MONSTON -LE, MIS	DRUE	7	
		URIAL, CREMATION, REMOVAL	23b. DATE	23¢ N		EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY		
BP		IRTAL INERAL DIRECTOR FRANCE	1/9/80		VARY	CEMETERY 128 AAN	FLORISSAN REC BRIDGERAR	T 256 REGISTRAR'S SE	MISSOURI	

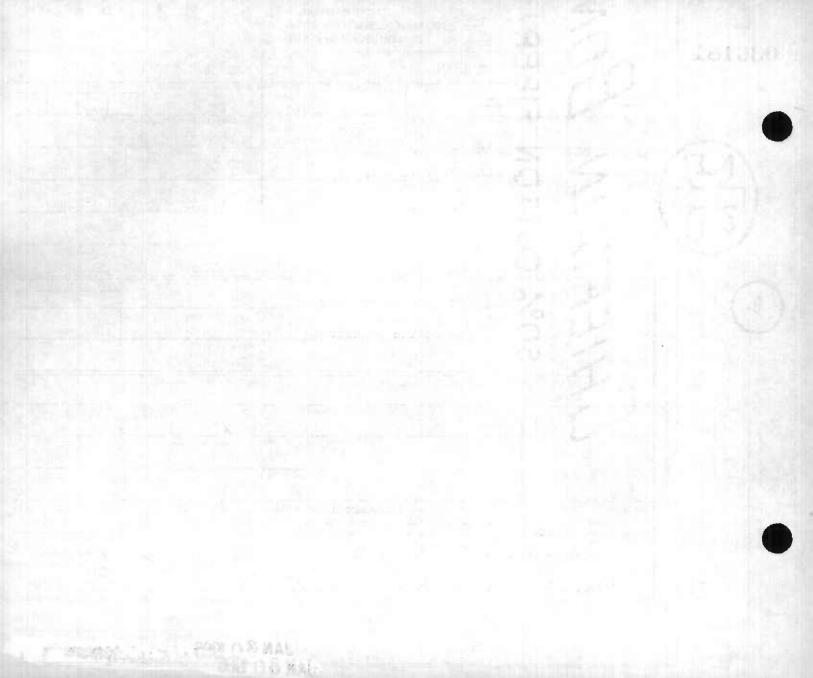
DHMH - 16 60M 7/B4 (VRA 15, 4)

500 UNIVERSITY BLVD. W. SILVER SPRING, MD.

Assault Lights

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(VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYPENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN X DECEASED NAME MONTH DAY LIYPE OR PRINT! OF ESTI-Nancy Ann Horstkotte AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 4 RACE 2c. DATE LAST BIRTHDAY PRONOUNCED Feb. 11, 1959 DEAD 26 YRS 2/1986 Female Cauc. 76. CITIZEN OF WHAT COUNTRY? BIRTHPLACE . CHAILOR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED XX PORTON CIDUNTETT United States WIDOWED . DIVORCED Oregon Montgomery County NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION LTYPE OF WORK 12b KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE! Shady Grove Hospital Student School 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13231 Southwest la STATE 1136 COUNTY 13c CITY OR TOWN NO I Iron Mountain Blvd. Multnomah Portland A FATHER'S NAME 15. MOTHER'S MAIDEN NAME Preble Horstkotte, Jr Joan WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT ADDRESS Same as #13 (YES NO OR UNKNOWN) I HE YES, GIVE WAR OR DATES 543-52-8034 Mr. Frank W. Horstkotte, Jr., Father 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY Asphyxia FORWARDED TO THE CHIEF MEDICAL EXAMINATION OF REMOVAL

OR PAGES SHOULD BE USED AS A BURIAL TRANSIT PER

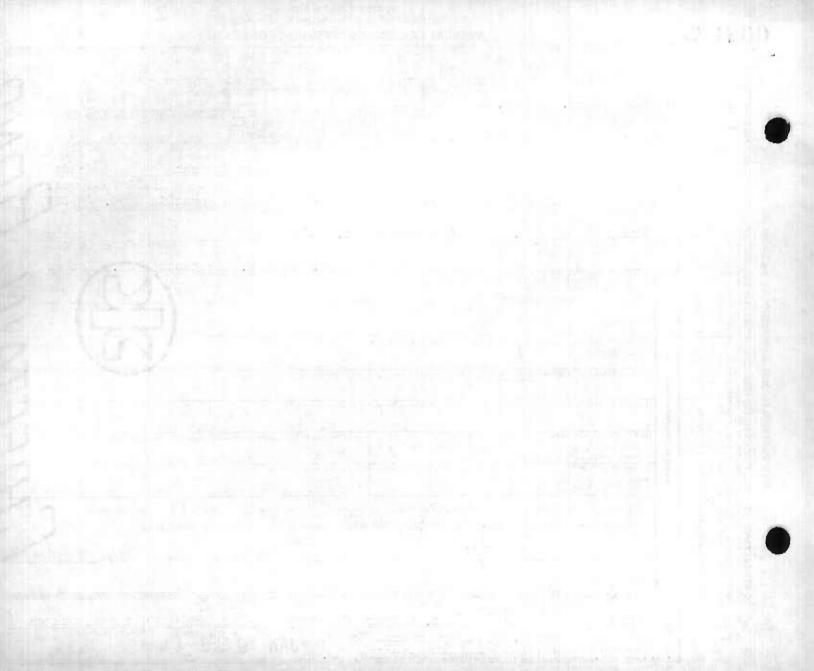
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THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGER

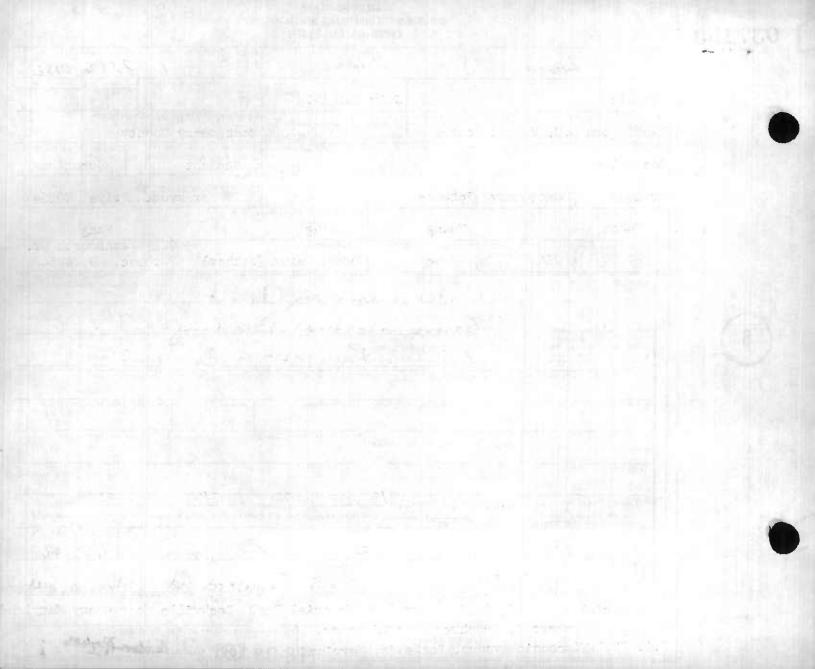
THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGER

OF THE STATE DEPARTMENT OF REMOVAL IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 19a, DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? YES Y NO 210. EXTERNAL CAUSE WAS 21b. TIME OF INIURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING X OR MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 5 . 25 PM 1/ 2/ 10 86 self induced obstruction 21e PLACE OF INJURY (AT HOME. 21 LOCATION STREET, FACTORY, FARM, ETC.) WHILE NOT WHILE Chestnut Lodge, 500 W. Montg. Rd., Rockville. TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWARN TO FUNERTH DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120 hospital Autapsy X 22a I certify that I took charge of the remains described above, held on and in my opinion Suicide X Natural causes Hamicide Undetermined monner TITLE (SPECIFY) ACTUAL M.D. Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. TYPE OR PRINT 111 Penn St. 230. BURIAL, CREMATION, REMOVAL 236 DATE January 6, 23d LOCATION ry Portland Multnomah Oregon

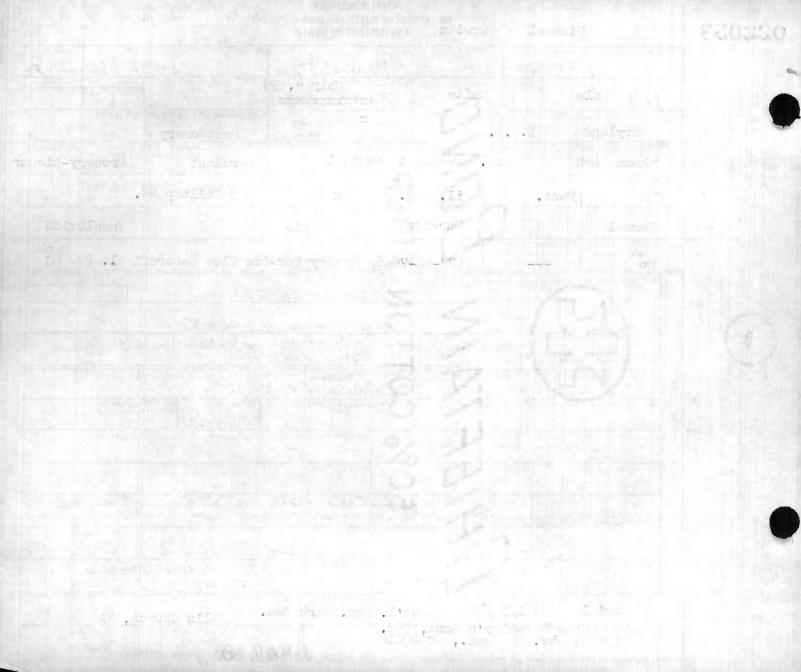
125 DATE REC'D BY REGISTRAR 125 REGISTRAR'S SIGNATURE Mt. Calvary Cemetery Burial 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes. DHMH - 17 (VR A15 ME (5)) . 300 W. Montgomery Avenue, Rockville, MD.



STATE OF MARYLAND



STATE OF MARYLAND



FOR

4 FATHER'S NAME

William

DEPA

STATE OF MARYLAND

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0	2	J	5	1

RTMENT	OF	HEAL	TH	AND	MENTAL	HYGIENE	
CEI	RTI	FICA	ATE	OF	DEATH		

>	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	DECEASED NAME FIRST	John MIDDLE Hutek	ison ison	20 DATE OF DEATH MONTH OF 1	0 86 7 p
	Male Male	4 RACE White	S. DATE OF BIRTH DAY YEAR 12 15 16 17 17 18 18 18 18 18 18 18 18		IF UNDER I YEAR IF UNDER 24 HRS
7	70 BIRTHPLACE (STATE OR FOREIGN COUNTS COLLEGE	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY Montgomery	OF DEATH MI
1	IN CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL NURSIN	IG HOME OR OTHER INSTITUTION	12n USUAL OCCUPATION	12h KIND OF BUSINESS OF

ilver S	prins Hal	4 Cross He	soutal
UAL RESIDENCE I	NURSING HOM OR OTHER INSTITUTION	LIVE RESIDENCE BEFORE ADMISSION	
STATE	13b COUNTY	13c CITY OR TOWN	13d. INSIDE CITY LIMIT
MD	Montgomery	Silver Spg.	YES TO NO [

YES TE 15 MOTHER'S MAIDEN NAME

Margaret

733 Sligo Ave. 20910

ADDRESS

TYPE OF WORK FOR MOST OF WORKING LIFE) Law Clerk

MIDDLE

Robertson

So. Pac. RR

INDUSTRY

160 WAS DECEASED EVER IN U.S. ARMED FORCES? NO OR UNKNOWN (IF YES, GIVE WAR OR DATES)

PART I. DEATH WAS CAUSED BY

166 SOCIAL SECURITY NO 17 INFORMANT

Jean B. Hutchison Same as item # 13

Canditions, if ony, which gave rise to immediate couse (o), stating the

DUE TO, OR AS A CONSEQUENCE OF

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

LAST

Hutchison

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

underlying couse last.

90 DATE OF OPERATION

MIDDLE

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

21a	ACCIDENT WAS UNDERLYING
00	CALIFERNATING TO CALIFF OF DEATH

216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

NOT WHILE

21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM ETC.)

211 LOCATION

200 AUTOPSY?

CITY OR TOWN COUNTY

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive on above, (1) (we) (did) (did nat) view the body after death

and that in (my) (aur) opinion death accurred on the date and hour and from the couses stated

MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL Cremation

²⁴ FUNERAL DIRECTOR Joseph Gawler's Sons, Inc.
NAME 5130 WI Ave. NW Wash prespec 20016

23¢ NAME OF CEMETERY OR CREMATORY Mt. Comfort Cem.

DEGREE

Alex.,

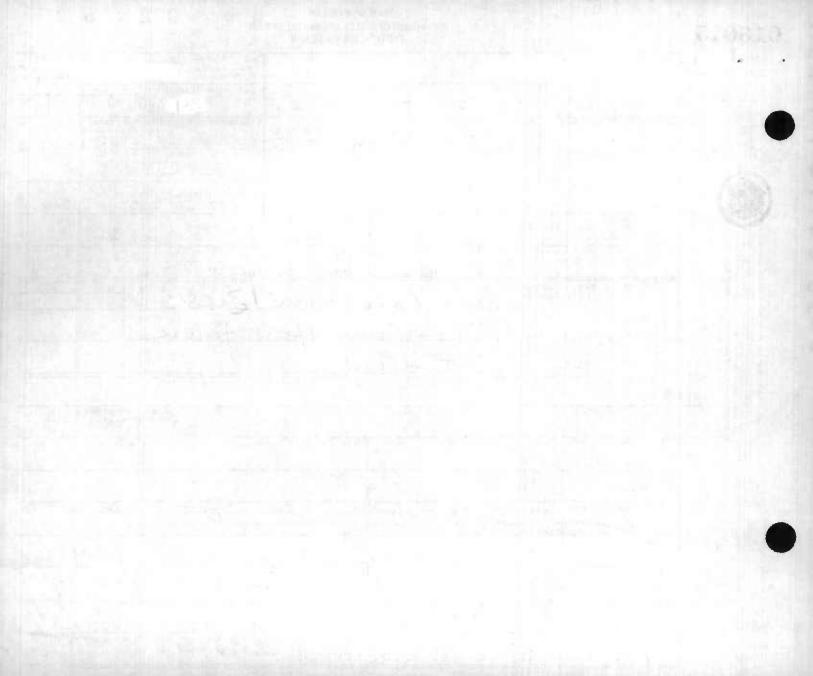
COUNTY

STATE

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

the series of th

(VRA 15, 4)



037955		FOR STATE REGISTRAR	.ImG6	12 2/28	-	MENT OF H	E OF MARYLAND BEALTH AND MENTAL HY ICATE OF DEATH		0 2 EG. NO.	3 6	
1 70		EASED NAME	ROY	E	lias E:	J	ames	JANUA	RY 26 198		7:23 P M
The state of the s	1 SE	ALE		4 RACE CAUCAS	IAN	5. DATE O	Y 13 1909 YEAR	6 AGE (IN YEARS	LAST BIRTHDAY) YRS.	MONTHS DAYS	HOURS MIN.
116		OUNTRY) NNSYLVANI			STATES	8. MARRIE WIDOWE	D X NEVER MARRIED D		OTTY OR COUNTY		, MD.
		TY OR TOWN OF DE BETHESDA	ATH		HOSPITAL, NURSII H FACILITY, GIVE STREE NAVAL HO	ADDRESS)	DR OTHER INSTITUTION	Foreign	upation Mo Service ficer	126. KIND O INDUSTRY U.S.	Gov't.
NAO 21	MAR	YLAND	13b COUN	OTHER INSTITUTION, ITY COMERY	GIVE RESIDENCE BEFOR	VN	13d. INSIDE CITY LIMITS? YES NO X	7702 M	RESS / ZIP CODE		0815
MARYL ompletes and 2	14 FA	THER'S NAME FIRST Reese		MIDDLE	James		Wara		DDLE	Messi	nger
IMORE, nondec	160 V	VAS DECEASED EVEL ES NO OR UNKNOWN) YES	I HE YES GIV	MED FORCES? E WAR OR DATES! 2-1969	223-50-		VIRGINIA JAM	ES,7702 1	ADDRESS AEADOW LA	ANE, CHE	Y CHASE,
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYL, NG PHYSICIAN: The law requires that the death certificate be executed within ordending physician. When please remove carbon papers. Pages and 2 th and Mental Hygiene prior to burial, cremation, or removal. The and Mental Hygiene prior to burial, cremation, or removal. The and Mental B shaws ony injury, or other troumatic event, the medical warning.	NOI	Conditions, if any gove rise to im- cause (o), stoti underlying caus	nmediate ing the e last	(b)	R AS A CONSEQUER AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TER	MINAL DISEASE O	R CONDITION GIV	VEN IN PART 100	
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ISION OF VIT PHYSICIAN: rending physics rendin physics rending physics rending physics rending physics rending	MEDICAL CE	210. ACCIDENT WAS UP OR CONTRIBUTING [] IF EITHER, NOTIFY MEE 21d. INJURY OCCUI WHILE NOT WAT WORK AT WORK	CAUSE OF DEA	P. 21e PLACE	M. MONTH D M.	19	211 LOCATION STREET		OF INJURY IN ITEM IB I	COUNTY	STATE
DIV OR ATTENDING or or or or DIRECTOR. After oched for use ost Dept. of Health of Herr 21 is mork		220.1 certify that (ORK I) (this hospit	tol) attended th JANUAR t) view the body	Y 26 19	86, a	ARY 21 , 19.86 and that in (my) (our) apinior DEGREE	MEDICAL	STAGE		couses stated
TO HOSPITAL retoined by th TO FUNERAL should be det with the Store	230 B	224. PHYSICIAN'S N M. PIERD	ENOCK,	LCDR,		NAME OF C	PHYSICIAN 220 ADDRESS NAVAL NATIONAL CA EMETERY OR CREMATORY	DIRECTOR HOSPITAL PITAL REC	, NAVAL	HESDA,	MD 20814
ВР	(Burial		30, 1	986 Ar	lingto	on National Comes, P.A. 250 DA	em. Arl	ington	COUNTY Vin	
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A STREET	Male	A RACE Black	Mar. 24,	1966	AGE (IN YEAR	MONTH	DERTYR	IF UNDER 2	MIN PRO	DATE NOUNCED DEAD	MONTH	DAY	YEAR	2d HOUR
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ANY DI SERAIN COUD COUD	USUAL RESI	DENCE (IF IN NURSING HO 13b CC MOD	ME OR OTHER INSTITUTION, GOUNTY		er Spr		13d. INSIDE CI	TY LIMITS?	13e STREET A	ADDRESS 4 Tocky	and Drock	- /	2090	14
, MD	14. FATHER'S	NAME	MIDDLE	AMDDIE LAST			TS. MOTHER'S MAIDEN NAME					LAST		
MON SERVICE TO	16a WAS DE	CEASED EVER IN U.S.	ARMED FORCES?	166 SOCI	OCIAL SECURITY NO.		Shirley Wilson Shirley I. Wilson (Mother) s				same as #13			
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ALONA MOVA	1 8	IMMEDIATE CAUSE (a) Brain abscess and seizure disorder Oue to, or as a consequence of												
BUNE NO	9	anditians, if any, wh ave rise to immedi ause (a) stating the und	ate (b)	AS A CONS	EQUENCE OF							-		
THE REAL PROPERTY.		cause (a) stating the <u>under-lying cause last.</u> DUE TO, OR AS A CONSEQUENCE OF (c)												
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TO MEDICAL EXAMINES EXECUTE THE CERTIFICA PAGE 4 SHOULD BE FO A FIVE DEATH, WITH THE BALTIMORE, MARYAMIN	EXAM (TYPE	INER'S NAME OR PRINT)	Margarita	A. Ko	orell,N	1.D.	ADDRESS		111 F	ennStr	eet			2113
P AF D A F D	(SPECIFY)	CREMATION, REMOVA			AME OF CEMI				23d LOCAT			INTY	STA	ATE
07/84 BP 25M DHMH - 17	Removal 1-24-86 Pretlow-Chapman Funeral Home Smithfield, VA 24 FUNERAL DIRECTOR George R. Snowden Rockville, MD 20850 AN 27 1988 Julia Davidson Market													
(VR A15 ME (5))	Georg	e R. Snowd	len Rocky	ille,	MD 30	850	٦	AN 25	7 1986	gular	Devidson	Honde	-	· P

STATE OF MARYLAND - STATE MEDICAL EXAMINE BEGISTRAT DECEASED NAME LAST Johnson 20 DATE KNOWN S Laurence (THE OFFERS) DEATH MATED 4 RACE IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED DEAD OV TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNT MARRIED NEVER MARRIED USA Maryland WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 20904 30 STATE 14 FATHER'S NAME MIDDLE FIRST Elizabeth Pierce Johnson Theodore 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT (IF YES, GIVE WAR OR DATES) Helen Johnson (Wife) Same as 13E 214 03 8852 Yes WWII 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) CONTRIBUTING CAUSE OF DEATH 21f LOCATION NOT WHILE AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held an Suicide X death resulted fram: Natural causes Hamicide Undetermined manner TITLE (SPECIFY) DATE TO 22 17 / MEDICAL EXAMINER EXAMINENS NAME Seminary Rd.S.S.Md. John Rogers, MD (TYPE OR PRINT) ADDRESS 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Md. Burtonsville Mont. Union Cemetery 07/64 New Hamp. Ave. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Hines/RinaldiSilver Spring, Md. June Dundson Dandout (VR A15 ME (5))

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CE	RTIFICATE OF DEATH	REG. NO.				
	TACK	Unus Jok	JES	1 - 30 - 86	DAY YEAR	12:30 f		
		THE PARTY OF THE P	ATE OF BRITH MONTH DAY YEAR	6 AGE (HI PLANS LAST BRITHDAY)	FUNDER 1 YEAR . MONTHS DAYS.	# CHIDER DA HES HOURS . MUN.		
ý	76 BRITHPLACE DIAN DARDAGO IN COUNTY Carolina	THE	ARRIED NEVER MARRIED DOWED XX DIVORCED	MUNT GUMEN	ANI			
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5	Maryland Pr. (Georges Adelphi	AEDECIA FINUESS	1913 Merrimac D		0783		
1	Walter	Jones	Lelia	нфод	Barke	1.078		
2	Yes WAS DECEASED EVER IN U.S. ARM	In SOCIAL SECURITY PARTIES 146 SOCIAL SECURITY PARTIES 226-12-8337		/8247 Qu ille-dau-New Car				
MEDICAL CERTIFICATION	Conditions, if any, which gave rise to sturing the underlying course list.	I A LOWE II II	margi	ullur	MINISTER	Petit And DIATE		
		THE CONDITION FOR WHICH OFER	ina ply	TOB. AUTOPSY? TOB. IP YES. WERE FINDINGS USED DETERTIFYING CAUSES OF DEATH? YES [] NO [] YES [] NO []				
	OR CONTRIBUTING CALCE OF DEATH OF CHIEF MOTHY MEDICAL EXAMINES. OR CONTRIBUTING CALCE CANDES.	THE TIME OF INJURY HOUR A.M. MONTH DAY Y P.M. THE PLACE OF INJURY (AT HOME SHIEL FACIORS OFFICE FAM. E)	19 21f LOCATION	RED (ENTERNATURE OF HILLIAN IN 1974 IN	COUNTY CONTRACTOR	irati		
	274-1 certify than it has hospital	all attended the deceased from	and that of my (our) opinion	to 130	19	tho (we) lost		

Lewis H. Dennis, MD 23h BURIAL CREMATION REMOVAL TOL DATE

831 Univ. Blvd., East Silver Spring, Md.

Burial 24 FUNERAL DIRECTOR

1986 George Washington 11800 N.H. Ave.,

DEGREE

231. NAME OF CEMETERY OF CREMATORY

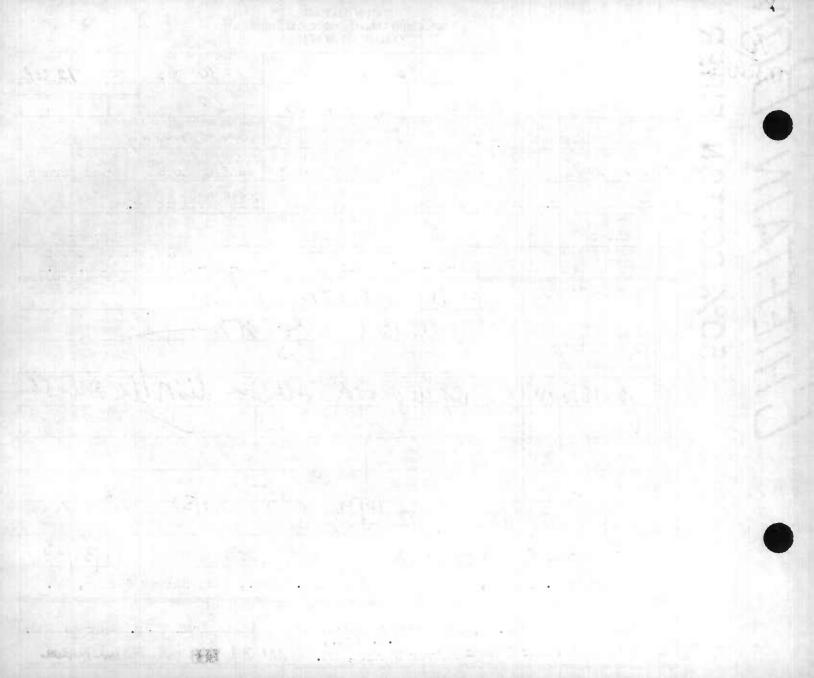
n Adelphi Pr. Georges
15a DATE REC'D, BY REGISTRAR 155 REGISTRAR'S SIGNATURE

ATTENDING MERICAL STAFF

STATE

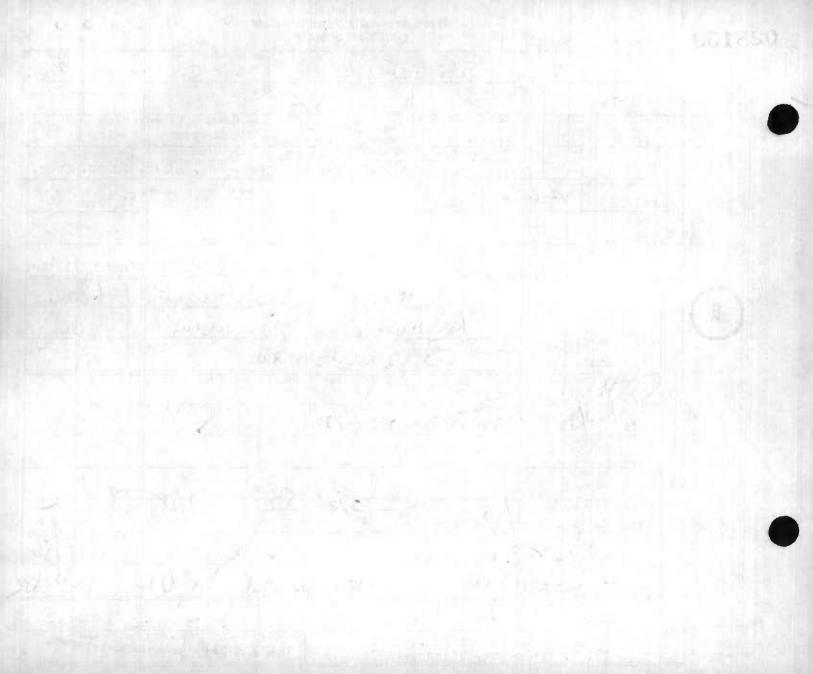
Hines/Rinaldi Funeral Home Silver Spring, Md.

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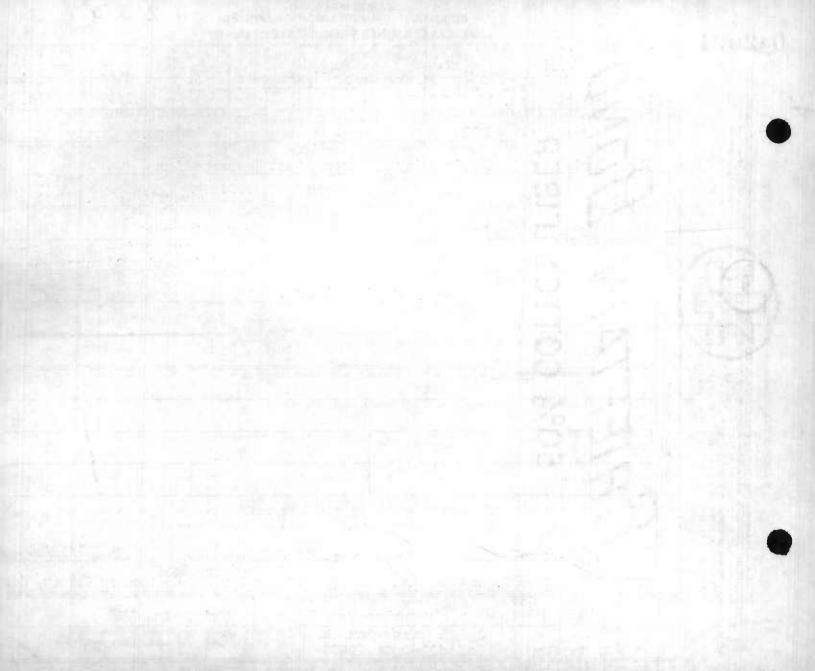


FOR - STATE 024133 DECEASED NAME 26. DATE KNOWN X MONTH (TYPE OR PRINT) OF ESTI-DEATH MATED Russell 1986 Jones 4 RACE IF UNDER 24 HRS 2c. DATE YEAR LAST BIRTHDAY) PRONOUNCED 1.86 Male Dec. 25, 1891 White 94 DEAD 7b. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE ISTATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) Montgomery County WIDOWED | DIVORCED IR CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS OR INDUSTRY 01ney Brooke Grove Nursing Home Admin Congressional ISUAL RESIDENCE UE IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSIONAL 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS YES [Maruland Montgomery Silver Spring LOISUTO 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME JONGS John Miriam Jones 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 7. INFORMANT ADDRESS I (IF YES, GIVE WAR OR DATES) Grace E. Jones Wife Same as 13 229-60-2331 No CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY Acute myocardial disease IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which generalized arteriosclerosis. gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO CERTIFICATION None 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? None YES NO X 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR None CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME, 21d INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion Notwer Touses death resulted from: Accident Suicide Hamicide L Undetermined manner TITLE (SPECIFY) Deputy DATE 1/16/86 SIGNATURE. 1919 Seminary Road EXAMINER'S NAME John S. Rogers, M.D. Silver Spring, Montgomery County, Md. 230 BURIAL, CREMATION, REMOVAL 236 DATE Cremation Metropolitan Crematory Alexandria 07/84 250 DATE REC'D BY REGISTRAR 250 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Francis J. 25M Collins. Jr. **DHMH - 17** 500 University Blud., W. Silver Spring, Md. (VR A15 ME (5))

STATE OF MARYLAND



	١.	FOR			EPARTM		OF MARYLAN	100	GANE	0 :	2 3	6 1	
042074		STATE REGISTRAR		MEI	15.00								
042014		CEASED NAME E OR PRINT)	Tessie		WIDOLE		Joppy			20. DATE KNOWN X MONTH OF ESTI- DEATH MATED 1/3		VEAR 125 HOUR 10:14	
A PER	3 SEX			DATE OF BIRTH	16	AGE (IN YEARS		IF UNDER 24		ATE MATEU	1/3	DAY 191	86 A. A
ON STATE OF	Ma	ale B1		Jan. 14,		72 YRS.	MONTHS DAYS	HOURS /	MIN PRONO	OUNCED EAD	1/3	30 19	86 A. M
一路を記して	7a B	RTHPLACE (STATE OR REIGN COUNTRY)		b. CITIZEN OF WE			MARRIED NEV	ER MARRIED	XX 9 BAL	TIMORE CIT	Y OR COU!	NTY OF DEA	TH
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95×100		Silver Spr	JRSING HOME OR	OTHER INSTITUTION, GR			levard, W			odian	11	1206	1105
SECTION S		aryland	Monte	gomery	Silve	er Spri	ng YES -	NO .	3e STREET AD	nivers	ity B	lvd.,	West
W TOWN		ATHER'S NAME	811	MIDOLE	ST		R'S MAIDEN		WIDDLE		LAST	LAST	
- CASSES #	2			Lewis					Rachae				
A SA	16a \	VAS DECEASED EVER ES, NO, OR UNKNOWN) Yes	I (IF YES, GIVE W.			-14-26	56 Susi		on (s	1700 ister	OKin G	g Jam 'burg	es Way
(B)		18 CAUSE OF DEA PART I DEATH V	TH (Enter only VAS CAUSED	one couse per line	for (o), (b),	ond (c).)	al diseas					APPRO	OXIMATE INTERVAL NONSET AND DEATH
HISTORY PER INCHES IN A STATE OF THE STATE O			IMMEDIATE			EQUENCE OF	ai diseas						
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A SERVICE T	l	None	93									YES	O NO X
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NO HE DE LA SE	NCA.	CONTRIBUTING	CAUSE OF DE	ATH P.M.		19	1061101		None				
DIVIS DIVIS	MED	WHILE AT WORK AT V			ORY, FARM, ETC		THE LOCATION STREET		CITY C	OR TOWN	(YTHUO	STATE
A PARKET IN THE ST. PARKET IN		22a I certify that	_	of the remains des	cribed obove	e, held on	Autopsy .	Inspection	M, Inqu	uiry .	and in my	opinion	
STEEL		death resulted from	n: Noturo	couses X,	Accident	Suice			Undetermine	d monner			
A MANA MANA		ACTUAL SIGNATURE	11	28		6000	Depu		_MEDICALE	VAMINED	DATI	1/	30/86
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25M DHMH - 17		UNERAL DIRECTOR	4					EBU	CD. DYBECUS	TRAR 256 R	EGISTRAR'S	SIGNATURE	32
(VR A15 ME (5))	G	eorge R. S	nowden	Roc	ckvill	e, MD	20850			0		The Party of the P	3



11800 N.H. Ave.,

Silver Spring, Md.

Montgomery Md.

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250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

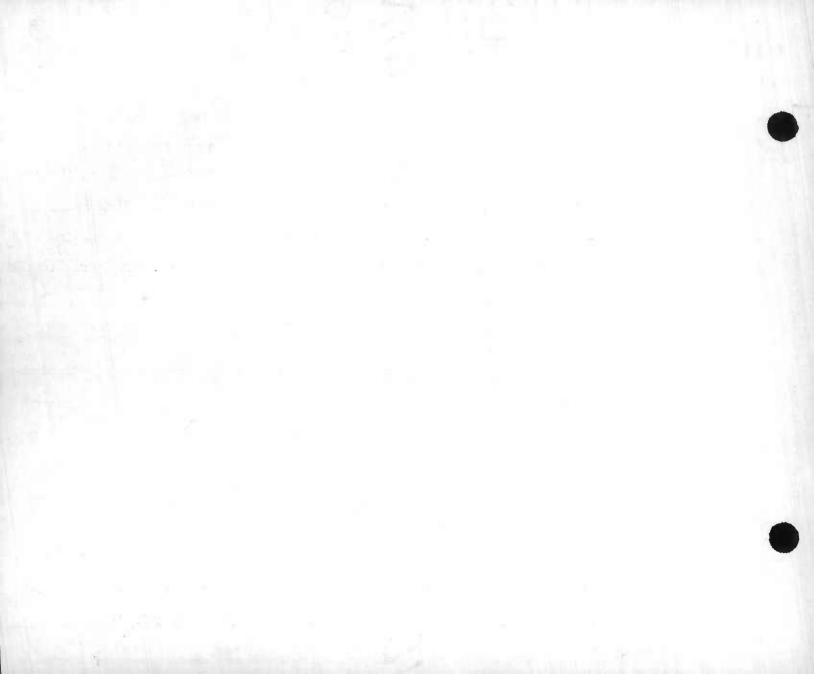
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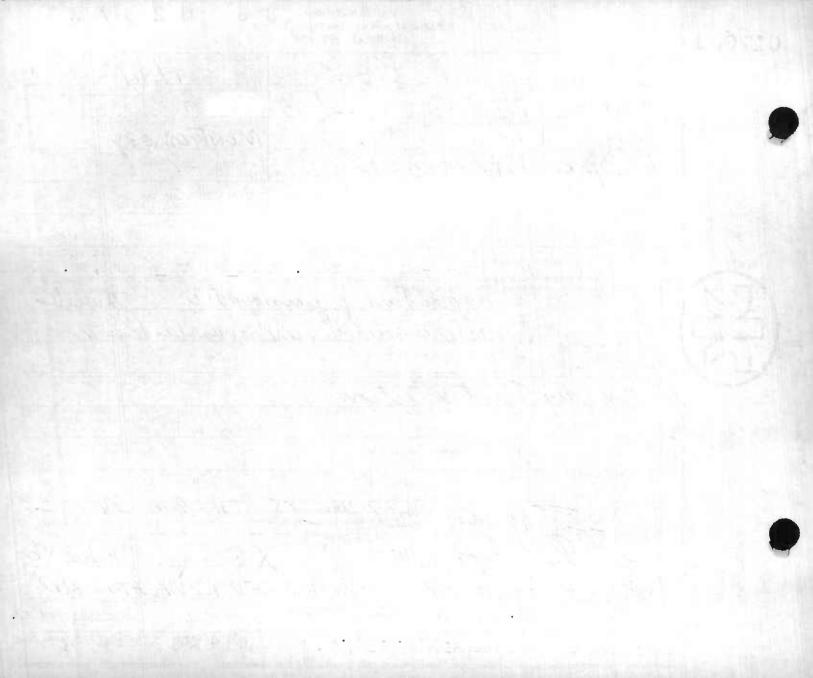
24 FUNERAL DIRECTOR Hines Rinaldi Funeral Home

20289		FOR STATE REGISTRAR			ARTMENT OF E	E OF MARYLAND BEALTH AND MENTAL HYG CICATE OF DEATH	REG. NO.				
page 3		EASED NAME OR PRINT)	HENRY	JOHN		ISER	20 DATE OF DEATH	MON1H D.		6 PM	
ge 4 may	3. SEX	MALE		4 RACE WHITE	5. DATE (6 AGE (IN YEARS LAST		IF UNDER I YEAR ONTHS DAYS	IF UNDER 24 HRS HOURS MIN.	
nerol dr.	C	THPLACE (STA		76. CITIZEN OF WHAT COUNT USA	MARRIE WIDOW	D NEVER MARRIED DIVORCED	Mont Se			MD.	
by the fu	5	Rockvill		11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVES NATIONAL Lith(A	TREET AODRESS)	or other institution	MEAT CU	TION TOF WORKING LIFE TER		BUSINESS OR	
completely filled in	13a S 14 FA	Md. THER'S NAME FIRST GEORG	Balt	imore BAltimo	TOWN	13d INSIDE CITY LIMITS? YES *\(\) NO \(\) 15 MOTHER'S MAIDEN NA FIRST CATHER	ME MIGDLE	G-LOVE.	e St.	21205	
on and s. Poges		UNKNO UNKNO	WN (IF YES, GIVE	216-05	5-4918	REV.DR.RI				ROCKVILL	
equives that the death certifications is signed by the interest of the property of the propert	ION	Conditions, if gove rise to couse (01, underlying	any, which immediate stating the cause last.	DUE TO, OR AS A CONSI	EQUENCE OF	NOT RELATED TO THE TERM	NINAL DISEASE OR CO	ONDITION GIVE	N IN PART 110		
the law range has been the permit per	CERTIFICATION	19a DATE OF O		196 CONDITION FOR WE	HICH OPERATIC	N WAS PERFORMED	20a AUTOPSY?	IN CERTIFY	, WERE FINDIN (ING CAUSES		
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by the hor by the both		226. SIGNAT	KAWLL STATE OF THE OF	El Goly,	MA	ATTENDING PHYSICIAN [220 ADDRESS 7 9 0		AFF SICIAN [3 A	J &S	
etoined by to FUNERAl should be de with the Stati	02 B	Tho	1189 E.	Booley, Mr	7	OLKI	sy, mary	CONDO	2083		
BP	- (:	URIAL, CREMAT SPECIFY) BURT 7 NERAL DIRECTO	ION, REMOVAL	JAN. 7.1986		AND MEM PK	23d LOCATION CITY OR TOWN BALTIN E REC'D. BY REGISTRA	ORE,	MARYL	STATE	
DHMH - 16 60M 7/84 (VRA 15, 4)				Y,INC1300-	N ST.		6 1986.	Alia Devi		dese	

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0.4	1021	1.	FOR - STATE REGISTRAR	DEPARTM	STATE OF MARTLAND SENT OF HEALTH AND MENT CERTIFICATE OF DEAT		10.						
Ua	TUNI		CEASED NAME FIRST E ON PRINTI	MIDDLE	Caminkowitz	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR 1 28 86 11 2 M						
in and	0.0	3. SE		I. RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BY	RTHDAY) IF UNDER LYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.						
_ 8	90		m.	20.		96 89	YRS.						
	25.5		IRTHPLACE I STATE OR FOREIGN 7 COUNTRY RUSSIA	U. S.	MARRIED NEVER MARRI	ED 🗆	OR COUNTY OF DEATH MD.						
15	400	18	luer Maina	1. NAME OF HOSPITAL, NURSIN (IF NOUN SUCH FACILITY, GIVE STREET) Sylvan mano			of working life) Owner-Pharmacy						
24 hour	11 8	130 7	STATE IS COUNT	otherwistitution give residence before 13c. CIT for Towl	13d. INSIDE CITY LIV		/ ZIP CODE 30784						
7	1: 1/	ILE	ATHER'S NAME	IDDLE LAST	15. MOTHER'S MAII	DEN NAME	LAST						
MA MA	13/00/	1	Abraham	Kaminko		ah	Abramowitz						
IMORE.	1	16a	WAS DECEASED EVER IN U.S. ARN YES, NO OR JUNKNOWN) (IF YES, GIVE	war or Dates) 055. 28		addr ein; 5913-87th	Ave., New Carrollton, Md						
T. BALL	Bedge Jan		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	y one couse per line far (a), (b), and BY: CAUSE (a) # 2017	Failure.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2 DIVISION OF VITAL BALTIMORE, MARYLAND 2 DIVISION. The low requires that the death certifications are under 24 to	igned by the attending on please remove cost buriol, cremation, or ury, or other traumatic	z	Conditions, if any, which gave rise to immediate couse lol, stating the underlying couse last. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUE (b) CONTRIBUTING TO D	of Colon.	HE TERMINAL DISEASE OR COM	NDITION GIVEN IN PART 1(a)						
RECORT	n. nos bernit ne prid	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\text{VE} \)						
OF VITA	ding physicion. Is certificate hos burial-transit per Mentol Hygiene ar Item 18 shaws	LOSS .	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	216. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR	OCCURRED (ENTER NATURE OF INJI							
IVISION 4G PHYS	this up who he but and ind M	MEDICAL	21d, INJURY OCCURRED WHILE NOT WHILE ALL WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC) 211 LOCATION STREET	CITY OR TO	OUNIY STATE						
TENDIA	for use of He		22a I certify that (I) (this hospital) attended the deceased from 8/9, 1985, to 188, 1986, that (I) (we) last saw the deceased alive an 1886, and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the bady after death.										
TAL OR A	ERAL DIRECTOR deteched for State Dept. of ANT: If Item 21		DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN / -28-86										
O HOSPIT	FUN FUN Sold b		Daniel J.	Boyle, MD	103/3 (Seorgia Que.	Silver Spring MD.						
7			BURIAL, CREMATION, REMOVAL (SPECIFY)		IAME OF CEMETERY OR CREM	CITY OR TOWN	COUNTY						
	BP	24.5	Burial UNERAL DIRECTOR	Jan.30, 1986 Ki		Garden Falls (Cgurch, Virginia						
DHM	H - 16 50M 4/83 (VRA 15, 4)		NAME		Tite, In.	0 4000 /	ha Davidson Paracita						
	(VICA 13, 4)	De	nzansky-Goldberg	g Chapers; 11/0	KOCKATITE LIKE	LD OO MOO Y.							





The Parish of th

Chambers Funeral Home Riverdale, Maryland

DHMH - 16 50M 4/B2

(VRA 15, 4)

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2 4 X 9 2 7 7	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPIT	AL, NURSING HOME, OR O	THER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK	126 KIND OF BUSINESS OR INDUSTRY				
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O 0 0 0 0 0 0	160.	WAS DECEASED EVER IN U.S. A	RMED FORCES?	66 SOCIAL SECURITY NO.	17. INFORMANT	Rockyphe, M	20854				
AFTE VE F	1	YES, NO, OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	77-24-4379	Ronald Ker	nan, son, 7730 Scotlar					
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B E 8558		Conditions, if any, which		TORK SCLETZIT	TO CAN	OUASCUME DISTAGE	INDEF				
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2 E 8 2 E 8 Z		SIGNATURE	eco 11	current of the	M.D.	MEDICAL EXAMINER SIGN	VED 100				
SE S	1	EXAMINER'S NAME (TYPE OR PRINT)	RANGELS C	MAYUE	_ADDRESS \$2000	Wis consin Am Bot	HESKE MID				
524544		BURIAL, CREMATION, REMOVAL	23b DATE	23c. NAME OF CEMETERY		123d. LOCATION	7.7				
07/84 BP		SPECIEV)	Jan. 23,86	Harmony Mem		Hyattsville, Mary	Vland STATE				
25M				Service, Inc.		REC'D, BY REGISTRAR, 256 PEGISTRAR'S					
DHMH - 17 (VR A15 ME (5))		7400 Georgi	a Ave. NW.	Washington, D	. C. JAN 2	7. 1905 guly Davidson	Moderne				
(01)	-			,	0012		,				



Retired Electrical Draftsman 9702 Corkran Lane 20817 Bolewska ADDRESS Ruth C. Hasbrouck same as 13e APPROXIMATE INTERVAL TO DEATH JUT NOT JELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11st 706. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? COUNTY 21A79 and that in (my) (aur) opinian death accurred on the date and hour and from the causes stated 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 1/22/86 Gate of Heaven Cemetery Silver Spring, Maryland STATE (SPECIF Burial ²⁴ FUNERAL DIRECTOTYSON Wheeler Funeral Home, Inc. 1331 **Roc kville Pike, Rockville, Maryland 20852 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE and the property

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DHMH - 16 60M 7/B4 (VRA 15, 4)

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FOR

REGISTRAR

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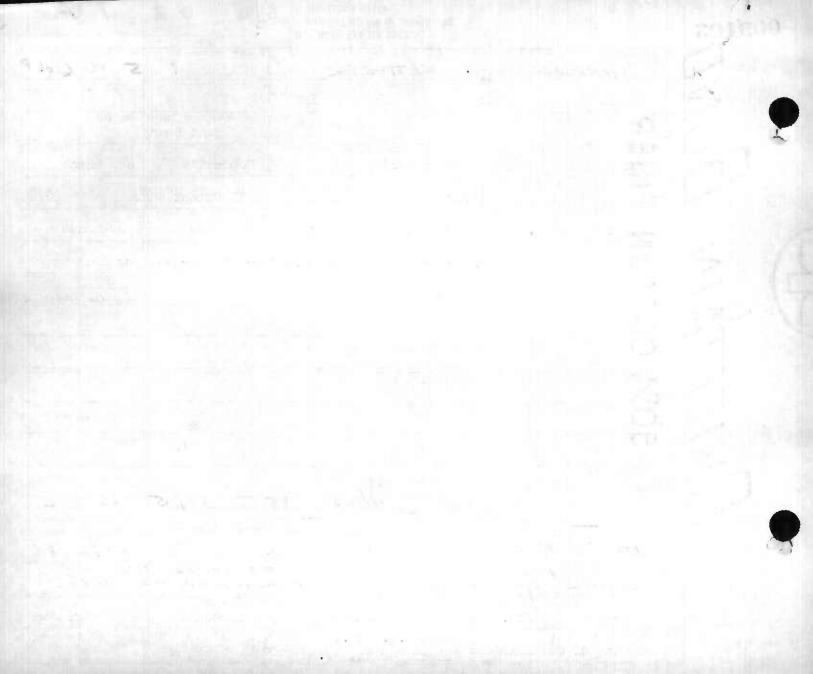
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

- STATE REGISTRAR 2b. HOUR DECEASED NAME TYPE OR PRINT Martha Pauline KING Jan. 26, 1986 4:05 F AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR 4 RACE 5. DATE OF BIRTH HINOM Female White 1893 Aug. 9. BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE I STATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Montgomery County. American WIDOWED X DIVORCED Maryland 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17h. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Oney Montgomery General Hospital Homemaker USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 20872 136 COUNTY 13c CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 134 INSIDE CITY LIMITS? 26250 Purdum Road Montg. Damascus Maryland 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE Tabler Webster Catherine Burdette Marv 166 SOCIAL SECURITY NO 17 INFORMANT 26260 Purdum Road 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) 214-74-3011 Frank W. King No Damascus. Maryland APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for p), (b), and ic).
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a. A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION

NOT YES [NO [21a, ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB. PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 211. LOCATION 214 INJURY OCCURRED 21e PLACE OF INJURY COUNTY CITY OF TOWN LAT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

22a.1 certify that (1) (this hospital) offended the deceased fram and that in (my) (see) opinion death occurred on the date and have and from the causes stated 22c DATE SIGNED 776 SIGNATURE DEGREE

22e ADDRESS

26618 Ridge Rd., Damascus, Md.

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

James P. Kerr. M.D. 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE

23d LOCATION

200 AUTOPSY?

Burial 24. FUNERAL DIRECTOR

90 DATE OF OPERATION

1/29/1986 Mt. View Cemetery

Purdum Montgomery Md 254 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

20h, IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

Jan. 26. 1986

STATE

(VRA 15, 4)

Olin L. Molesworth, P.A., Damascus, Md.

DHMH - 16 50M 4/83

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should be determined by the State

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AY IS N THE FL AGE 5 FILED.	3/		TY OR TOWN	OF DEATH		11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IVPE OF FOR MOST OF WORKING LIFE) 22901 STIDE! ROAD STUDENT								TYPE OF WORK	OR INDUST	USINESS TRY
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S. A.F. GIVE PAG	NSI /		NO			***	219	2-80-83	.21	JEAN	V KII	NG	SPE	NCERVI	LLE,Md.	
T. N. W.	0		18 CAUSE C			y one cause per line					7000		1 6		BETWEEN ONS	TE INTERVAL ET AND DEATH
SW CEN	Z Z	7	PARTIDEATH WAS CAUSED BY: Smoke and soot inhalation and thermal burns											ns		
IN AB	MON		Conditions, if ony, which													
2025	A SE		gove ri	se to imr	mediote	(b)										
3 0 0 0	10		lying cou) stating the use last.	under-	DUE TO, OR	AS A CON	NSEQUENCE	OF							
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S SAFE	ES /	-	216. EXTERNAL CAUSE WAS 216. TIME OF INJURY 1216. HOW INJURY OCCURRED CENTER NATURE OF INJURY IN TIEM 18 PART TORPAR CONTRIBUTING CAUSE OF DEATH 30AM. MONTH DASK YEAR CONTRIBUTING CAUSE OF DEATH 30AM. MONTH DASK YEAR CAUGHT IN a housefire after exp													
S 550	AS /	MEDICAL	216 INJURY OCCURRED 216 PLACE OF INJURY (ATHOME. 211 LOCATION													
S CE RETTE REST	200	ME				STREET, FACT					lidel	Road	COI	mus. M	aryland	STATE
H WAY	X SE		AT WORK AT WORK													
EXAMINER: CERTIFICATI JUD BE FOR DIRECTOR:	图	1	220. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . Inquiry . , and in my opinion													
A SEEDER	五世	1	death result	ed from:	Nature	al causes 🔲,	Accident	LAI, Si	ncide	, Homic		Undetermined	monner	١,		
2632	3/4		ACTUAL	Mor	da T	1 (me 4)	000	1			PECIFY)			DATE	1-12-86	
3448	DEATH NORE, T		SIGNATURE,		1000	S AME	14	_	^	A.D. Assi				SIGNE	<u> </u>	
O MEDICAL XECUTE THE VACE & SHOTO O FUNERAL	250		EXAMINER'S	NAME N	larga	arita A. H	Korel	1.M.D.			111 F	enn Str	eet			
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		(5	CREMA			1-14-1986	230.	CHAMBE				RIVER		COUN		Md.
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 014108 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE OF DEATH 2b. HOUR TYPE OR PRINTI ENNIFER LOGAN 4 RACE 3. SEX JÜLY 18,1984 YEAR WHITE FEMALE BIRTHPLACE ISTATE OF FOREIGN TE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WASHINGTON.D.C. U.S.A. MONTGOMERY DIVORCED WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR NOWH: NONE HOLLY STLVER SPRING BALTIMORE, MARYLAND 2120 SING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 20902 1310279 GREEN HOLLY TERRACE 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE ROBERT LOGAN KINGSLEY SARAH DuBOTS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS HE YES GIVE WAR OR DATEST NO 216-06-2524 ROBERT KINGSLEY, FATHER, SAME AS ITEM #1 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IB CAUSE OF DEATH (Enter only one couse per la e for (a), (b), and (c),) PART I DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., neumonia IMMEDIATE CAUSE (a) (since birth Muscular Htrophy (Werding Hoffman) Canditians, if any, which couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO IX 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL HE EITHER NOTIFY MEDICAL EXAMINERS P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME STREET FACTORY, OFFICE FARM, ETC.) CITY OF TOWN COUNTY STATE NOT WHILE 22a. I certify that myha round attended the deceased from. 25, and that in my (aur) opinion death accurred on the date and hour and fram the causes stated (did not) view the body ofter death, DEGREE 22c DATE SIGNED MEDICAL PHYSICIAN DIRECTOR PHYSICIAN ILLANS NAME (TYPE OR PRIN 22e ADDRESS IMPORTA NGRESSIONAL PE ARKIN MD 20852 230 BURIAL CREMATION REMOVAL 73c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION CREMATION BP METROPOLITAN CREMATORY ALEXANDRIA. VIRGINTA RICHARD RAPP. INC. 24 FUNERAL DIRECTOR 250 DATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 50 1/81 1804 T ST., N.W., WASHINGTON, D.C. 20009 the Burdain (VRA 15, 4)

SO MERO JUNEAU TOTAL TOTAL SET TO SEE THE SECOND SET OF THE SECOND SECO Line due par Spirmed Museulas Alberty (Wordington man) I'l mo 8 3x 8 mile xx 6 xx 10 mile 10 0 12 Country Strains Land Strain MINDAR WI DAEMIN Free W. C. Majora & Cala

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 021101 CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LAST 20 DATE OF DEATH MONTH 26 HOUR YPE OR PRINTI Albert Kizer 86 4 RACE S DATE OF BIRTH AGE LIN YEARS LAST BIRTHDAY IF UNDER I YEAR 3 SFX 15 1907 White Male TO BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Montgomery Michigan WIDOWED DIVORCED | O CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR LITYPE OF WORK FOR MOST OF WORKING LIFE! 11116 Rokeby Ave. Retired Barber 1136 COUNTY 13c CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? 1116 Rokeby Ave. Maryland Montgomery Garrett Palismother's MAIDEN NAME A FATHER'S NAME MIDDLE Kizer Harvey Bessie Frazier ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT 578-07-7863 Mabel D. Kizer Same as 13e 18 CAUSE OF DEATH Enter only one cause per line for rat, (b), and ic PART | DEATH WAS CAUSED BY Cardeousquetay IMMEDIATE CAUSE (0)_ Heart Failure - Slove gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. Pulmorell PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to Horal Florellation 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART) OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION AT HOME STREET FACTORY, OFFICE, FARM, ETC 1 WHILE NOT WHILE

220.1 certify that () (this haspital) attended the deceased from.

above (I) Dive (did (did no) view the body after death

22¢ DATE SIGNED

CITY OF TOWN COUNTY STATE Describer 19 35, and that in my) (our) opinion death accurred on the date and hour and from the causes stated

DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

K. SHUMBKER 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23h DATE Cremation Cedar HillCrematory Suitland, Maryland

Tyson Wheeler Funeral Home Inc. Rock, Md 17 1986

DHMH - 16 60M 7/84 (VRA 15. 4)

should be

24 FUNERAL DIRECTOR

Yes plants.

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FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGTENE CERTIFICATE OF DEATH

ы		REGISTRAR					REC	G. NO.			
9		CEASED NAME FIRST		MIDDLE		AST	20. DATE OF DEAT		AY YEAR	26 HOUR	_
d	(11PE	Gustavu Gustavu	15	н.	Klinc	k	January	13,1986		7:00P	M
1	3. SEX	(4 RACE		5 DATE C		6. AGE (IN YEARS LA		IF UNDER 1 YEAR	IF UNDER 24 HRS	
		Male	Whit	e	May	7. 1903	82	YRS.	ONTHS DAYS	HOURS MIN	
1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CIT		OF DEATH		_
		Carolina	USA		WIDOWE		Montg	omery		N	AD.
	10. CT	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCU			F BUSINESS O	_
1	Gai	ithersburg		Silent Va		Lane	Patholog		Medi	cine	
		AL RESIDENCE (IF NURSING HOME O STATE 136 COU MD Mont		GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Gaithers	N	13d INSIDE CITY LIMITS? YES 🕱 NO 🗌	136 STREET ADDRE	ss/zipcode Silent V	alley]	Lane/20	87
d	14 FA	THER'S NAME	MIDDLE	LAST	1.11	15. MOTHER'S MAIDEN NA	ME		LAS		
1		Gustavus H. K	linck			Edith	E.		Tieder		
Ī		VAS DECEASED EVER IN U.S. AI	MED FORCES?	166 SOCIAL SECU		17 INFORMANT	AC	DRESS			
		(IF YES, GI		579-56-2	2546	Daniel N. K	linck, 2801	L NM Ave	. NW . Was	sh.,D.C	
		18 CAUSE OF DEATH (Enter a	nly ane cause per	line lar (a), (b), and	dirent .		10 11		BETWEEN	IMATE INTERVAL	_
1		PART I. DEATH WAS CAUSI IMMEDIA	TE CAUSE (a)	Probable	veu	fucular pol	while	v ·	m	mult	
		The second of	DUE TO, O	R AS A CONSEQUE	NCE OF			1 1	2.1		
١		Conditions, if any, which	(b)	Cotheron	clew	he as digl	merature	heart	1 2	Reco	_
i		gave rise to immediate cause (a), stating the	DUE TO, O	R AS A CONSEQUE	NCE OF	, 0	0	licar			
ì		underlying couse last.	(c)_								
	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR C	ONDITION GIVE	NIN PART I	0	
ı	10	Chu	nie os	runo	; W	nove M- lune	de mavel	block	her		
	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFY	WERE FINDING CAUSES	OF DEATH?	
	RTI	ACCIDENTAL CONTRACTOR	31 YHAF (P IN LOURN		In 110, 110, 111, 111, 111, 111, 111, 111	YES NO			NO 🗌	_
4		210 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE	216. TIME O	M. MONTH DA	YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF	INJURY IN ITEM 18 PA	RT 1 OR PART 2)		
1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE			19					4-1-7-	
-	MED	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME STI	OF INJURY REET, FACTORY OFFICE, FA	ARM ETC)	211 LOCATION STREET	CITY	DRIOWN	COUNTY	STATE	
3		220.1 certify that (I) (this bosp	16		7 - 81 ar	19 82	/	-14		that (I) (Ne) la	st
		saw the deceased alive at above, (1) (we) (did) (did no	ot view the bady			nd that in lay (aur) apinian	death accurred an th	ne date and haur			
1		226. SIGNATURE	11/	7 Aug	4.3	DEGREE ATTENDING	MEDICAL	STAFF	22c DATE		
		Me	fu U	· John		PHYSICIAN T	DIRECTOR PH		Janu	ary15,8	00
		TOSENA T		1. D.		10401 Old Ge	ongetown	DA DATA	eed.	ROC 5M	Ry L
		Joseph A. R	Onle O				or.Recomu .	ra be an	esua,	Ma 200	774
	23a B	URIAL, CREMATION, REMOVAL	236 DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d LOCATION			-	

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If he

Cremation 1/15/86

Mt. Comfort Crematory

20016

74 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc. 5130 Wisconsin Ave, NW, Washington, D.C.

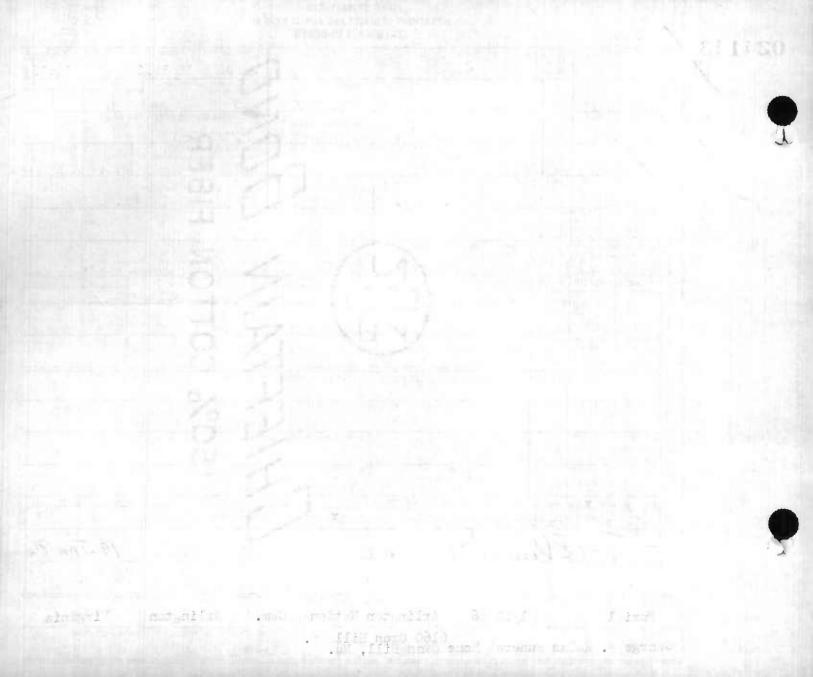
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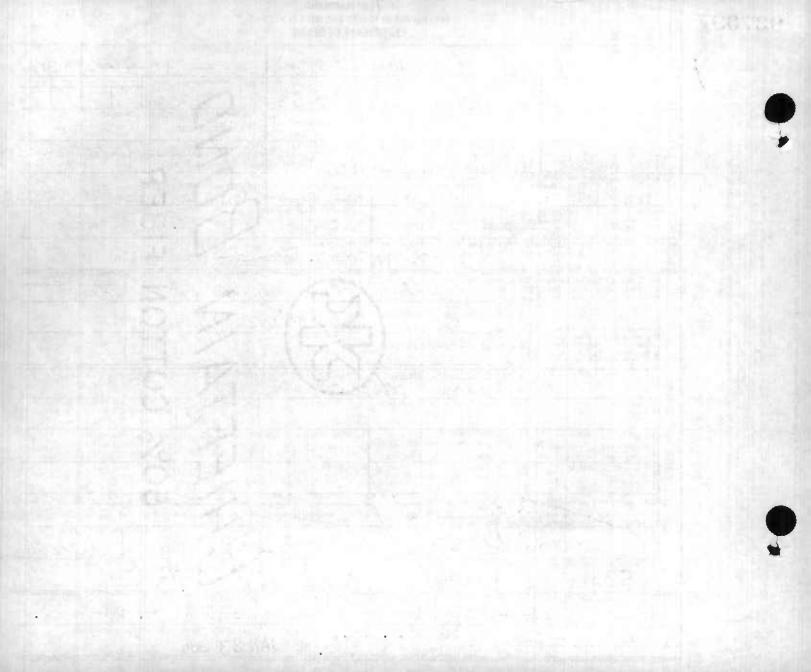
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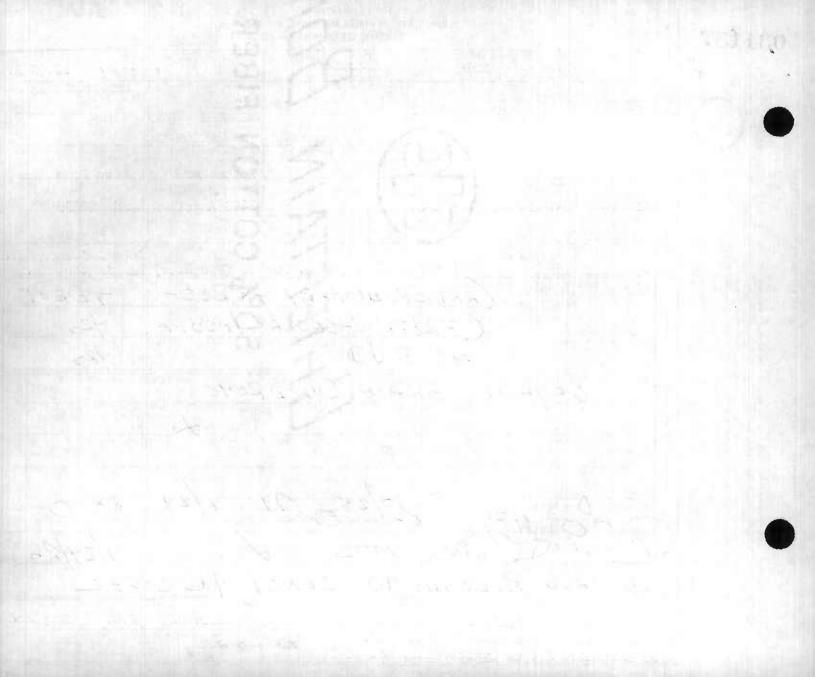


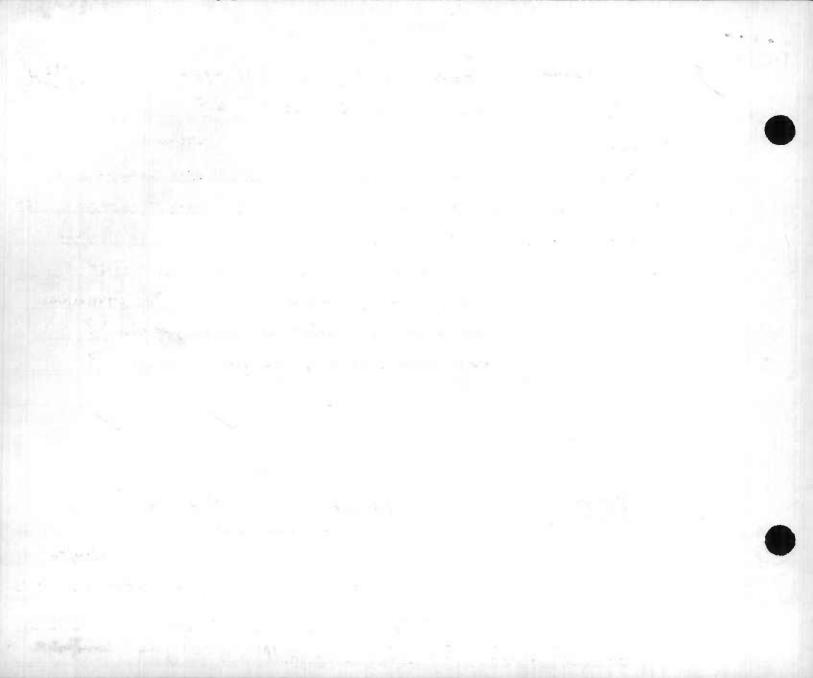


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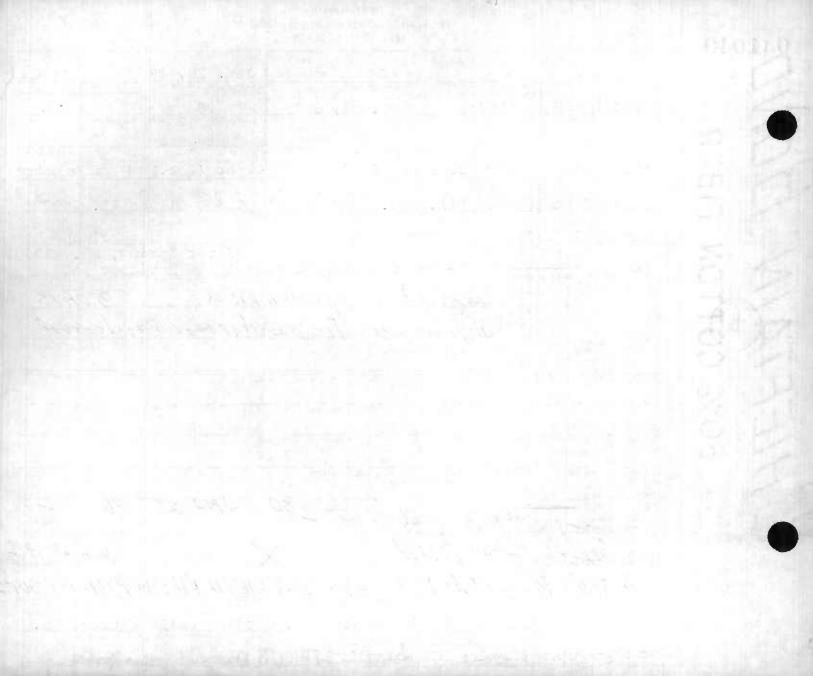
DHMH - 16 60M 7/84

(VRA 15, 4)





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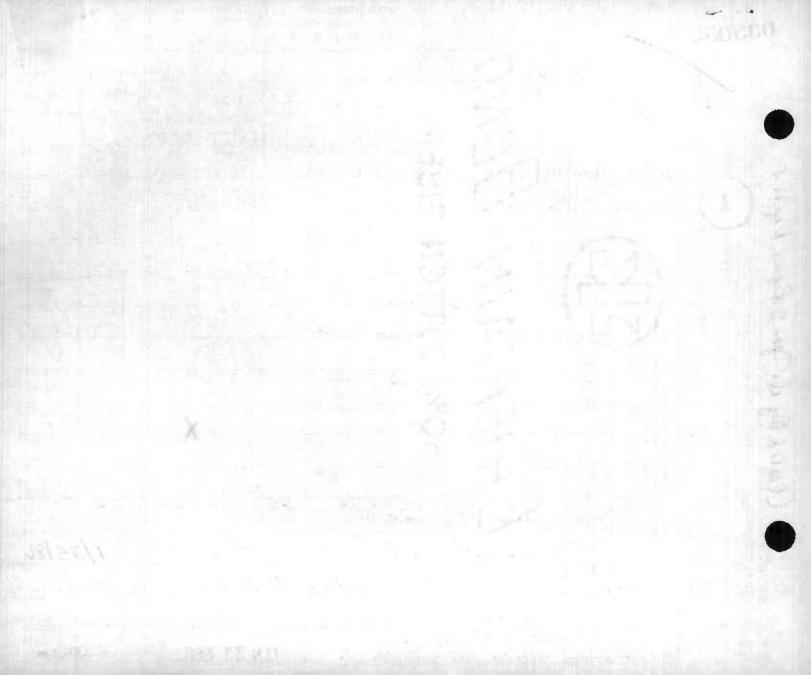


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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGTENE 035052 CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH TYPE OF PERSON HEAR 6 AGE (IN YEARS LAST BIRTHDAY) Caucasian BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Italy U.S.A. WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR Shipping Clerk Anchor Hocking SUAL RESIDENCE (IF NURSING MOME OR OTHER INSTITUTION | 136 COUNTY GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS / ZIP CODE College Park 5018 Odessa Road 20740 Pr. Geo. MIDDLE Ciminello Rosalie LaNoce Frank 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (IF YES GIVE WAR OR DATES) 100-01-0433 Rosalie C. LaNoce Daughter Same as 13 Yes WW 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A GONSEQUENCE OF AATION Canditians, if any, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20h IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO [21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210 ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN (AT HOME STREET, FACTORY, OFFICE FARM ETC.) NOT WHILE 220 I certify that (1) (this haspital) attended the deceased fram saw the deceased alive an AU and that in (my) (aur) apinian death accurred an the date and haur and Iram the causes stated 226 SIGNATURE DEGREE PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 23a. BURIAL CREMATION, REMOVAL SPEC (FY) Cedar Hill Cemetery Suitland 24 FUNERAL DIRECTOR Francis J. Collins, Jr. DHMH - 16 60M 7/84 500 University Blvd. W. Silver Spring. Md. (VRA 15, 4)



STATE OF MARYLAND FOR STATE REGISTRAR

300 West Montgomery Ave. Rockville, Maryland 20850

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

6450		REGISTRAR			CERTIF	ICATE OF DEATH	QE/	G. NO.		- 3
0159		CEASED NAME FIRST	٨	AIDDLE	L)	AST	20 DATE OF DEAT		DAY YEAR	2b HOUR
l eath	(IAbl	Tames		-	Т-			1/13	/1986	9:25A _M
200	3 SE		4 RACE		5. DATE O	FBIRTH	6 AGE (IN YEARS LA	ST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
of of other		Male	Whi	te	MONTH		67	WAS	MONIHS BAYS	HOOKS MIN.
49 10/	7a B	RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	18/24	9 BALTIMORE CIT	YRS TY OR COUNT	Y OF DEATH	
IR M		ennsylvania		States	MARRIE	DIVORCED DIVORCED				aryland
14 /85		ITY OR TOWN OF DEATH				R OTHER INSTITUTION	12n USUAL OCCU	PATION	12h KIND O	F BUSINESS OR
1-11/	F	Bethesda	(IF NOT IN SUC	H FACILITY, GIVE STREET A	DDRESS)		ITYP Divrect	Ve WORKING	LIFE) INDUSTRY	
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-	4		gomery	Bethesda		YES NO X	Road Beth	nesda,M	aryland	20817
d 2 d	All IV	ATHER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	ME	LE	LAS	1
duo S	1		eter	Laux	1146	Mary		nes	Wal	
dico			MED FORCES?	166 SOCIAL SECUI	RITY NO.		rta S. Lau			
Po me		Yes WW11	Korea	134-16-4	719	Bethe	esda,Maryl	land 20	817 (Wif	te)
yol.		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	ly one couse per	line for 101, (b), one	1331	44/	-		BETWEEN	MATE INTERVAL ONSET AND DEATH
phy			E CAUSE (D)	seun	one	a velin	V C	18.3	1/	mouths
attending ove carb flon, ar r aumatic		Conditions, if ony, which	DUE TO, OF	AS A CONSEQUE	NEST	mi Bot	Jain /	large	In.	nouth
base remol, crema		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OF	AS A CONSEQUE	NCE OF	cul	type) 0		
Then ple r to burre injury, o	NO	Chroni	CONDITIONS	INTRIBUTING TO	HALH BUT	NOT RELATED TO THE TERM	INALUGEASE OR C	ONDITION G	IVEN IN PART 140	
t permit.	CERTIFICATI	190 PAJE OF OPERATION	196 CONOI	TION FOR WAICH	OPERATIO	WAS PERFORMED	200 AUTOPSY?	IN CERT	ES, WERE FINDING CAUSES	OF DEATH?
Control on State of S	7 8	21a. ACCIDENT WAS UNDERLYING	216 TIME O	FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM 18	PART I OR PART 2)	
ntol t	AL	OR CONTRIBUTING CAUSE OF DE	NI III		19	ST STATE				
bur bur or H	MEDICAL	214 INJURY OCCURRED	21e PLACE	OF INJURY		ZII LOCATION	- Common and Common an	or town	COUNTY	STATE
s the	E	WHILE NOT WHILE AT WORK	TAT HOME STR	EET, FACTORY OFFICE, FA	ARM ETC }		1	1		STATE
se o mar		220.1 certify that (I) (this base	tall oftended the	deceased from_	1300	19.61	to []	181	19.00	that (I) (weeklast
or u		saw_the deceased alive on	10	123 19 8	De an	d thgt.ip (my) ion opinion s	death occurred on th	s date and ho		
REC ppt ppt ppt		22b Story Allamo	t view the body	ofter death.	1/-	DECREE			THE DATE	SIGNED
e De		1 thine	T)is	Wrace	1 h	ATTENDING	MEDICAL DIRECTOR PH	STAFF	1/1	14/86
Stor Stor	-	22d. PHY SCIAN'S NAME TTYPE C	R PRINT	A		22e ADDRESS	P DIRECTOR PH	TSICIAN [
should by with the IMPORTA		//	/ /	VA M.D.		8218 Wiscons	in Avenue	Rotho	eda Mari	rland
Of s M	22- 5	J. Blaine B	Transpers	122 11	AAAE OF C		123d LOCATION	. Detile	sua, mary	Tallu
	18	Burial	16, Ja	nuary 236 N	Natio	rlington nal Cemetery	Arling	ton Vi	rginia	STATE
1 - 16 60M 7/84	24 F	JNERAL DIRECTOR Robert	A. Pum	phrey Fun	eral	Homes PA 250194	BREE DE BY REGIST	RAR 256 REGIS	JRAR'S SIGNA	UPFLEBE.

DHMH - 16 60M 7/84 (VRA 15, 4)

2 037154	1-	FOR STATE REGISTRAR		DEPAR	TMENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH		3 9 4
03/794	I. DEC	EASED NAME FIRST	,	MIDDLE		ASI — L L C	REG. NO.	DAY YEAR 26 HOUR
3 0 6	[TYPE	ORPRINTS ZONI	A '	W	LAW	RENCE	01-	28-86 430A M
ge 4 mo ector, po n other o	3 SEX	FEMALE	CAUCH	SION	5. DATE O	DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY) 93 YRS.	
S to see of the see of	70. BI	RTHPLACE (STATE OR FOREIGN OUNTRY)		WHAT COUNTRY	(? 8. MARRIEI WIDOWE	DINEVER MARRIED DINORCED	9 BALTIMORE CITY OR COUNTY MONTGOME	/)
1 1 270	4	thesda	(IF NOT IN SU	HOSPITAL, NURS CHEACILITY, GIVE STRE	ET ADDRESS)	R OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Housewife	ives industry Own Home
2 1 11/17	UsU	AL RESIDENCE IN NURSING HOME	OR OTHER INSTITUTION	GIVE RESIDENCE BEFO	ORE ADMISSION)			11 4/1/11
NO SERVICE OF THE PROPERTY OF		.C.	YTAL	Washin		13d INSIDE CITY LIMITS?	3003 Van Ness	S St., NW#W8-15
E 19"12 16/1	15:11	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME	IAST
A 1 10 (1/0)		Carl	W	Wall	en	Eva		Anderson
NE STATE OF		VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SE	CURITY NO.	17 INFORMANT	ADDRESS	
100		No		487-50	-1341	Richard Par	k, Riggs, Nat'	1 Bank, Wash., DC
B (Sept. B)		18 CAUSE OF DEATH (Enter PART), DEATH WAS CAU IMMEDI	anly ane cause per SED BY. ATE CAUSE (a)	r line far (a), (b), (Pne	umonie		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3 MARS
× 1111		MANAGED		R AS A CONSEQ				0
dept dept dept dept dept dept dept dept		Conditions, if any, which	(tb)_					
W. PR		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, O	R AS A CONSEQ	UENCE OF			
RDS, 201 equires, the Thempleon to burind equity, or t	NO	PART 2 OTHER SIGNIFICAN	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION G	SIVEN IN PART 140
AL RECO	TIFICAT	190 DATE OF OPERATION	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	IN CERT	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\text{ NO }
Pevil.	AL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E	EATH HOUR A	M. MONTH		216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	B PART I OR PART 2)
N SEP	DIC	116 EITHER NOTIFY MEDICAL EXAMIN		M. OF INJURY	19	211 LOCATION		
VISIN PART OF THE	ME	WHILE NOT WHILE	(AT HOME ST	REET FACTORY, OFFIC	E, FARM ETC)	STREET	CITY OR TOWN	COUNTY STATE
A STORE A STOR		220 I certify that (I) (this has	pital) attended th	ne despased from	CI	19 196	1-27	. 19 5 , that (I) (we) last
2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		saw the deceased alive abave, (1) (we) (did) (did	n /-	19	11	d that in (my) (aur) apınıan	death accurred an the date and h	aur and from the causes stated
A No		226. SIGNATURE	D	Park	era	DEGREE ATTENDING	MÉDICAL STAFF	224 DATE SIGNED 1-28-56
FIRM PARTY		22d. PHYSICIAN'S NAME (TYP				PHYSICIAN {	DIRECTOR PHYSICIAN	
Pont of Pont o		EDWIN		ARKER	2 11	2015	RSTNW h	MEH DC
51 5013	230 E	URIAL, CREMATION, REMOVA			NAME OF C	EMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
199/BP99		Removal	1-28-	86	eo Wa	sh Med Sch	Washington	D.C.
DAMH 16 KOM 7/84	24. FU	INERAL DIRECTOR COLUM	nbia Mo	rtuary	Servi	ces 250. DAT	E REC'D. BY REGISTRAR 256. REGI	
(VRA 15, 4)	22	5 Missouri A	ve, NW	Washir	igton,	DC FEB	14 1986 Julie De	ridson-Randelle

funeral director page 3 hin 72 hours ofter death DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 TO FUNERAL DIRECTOR: After this should be detached for use as the bit with the State Dept of Health and M

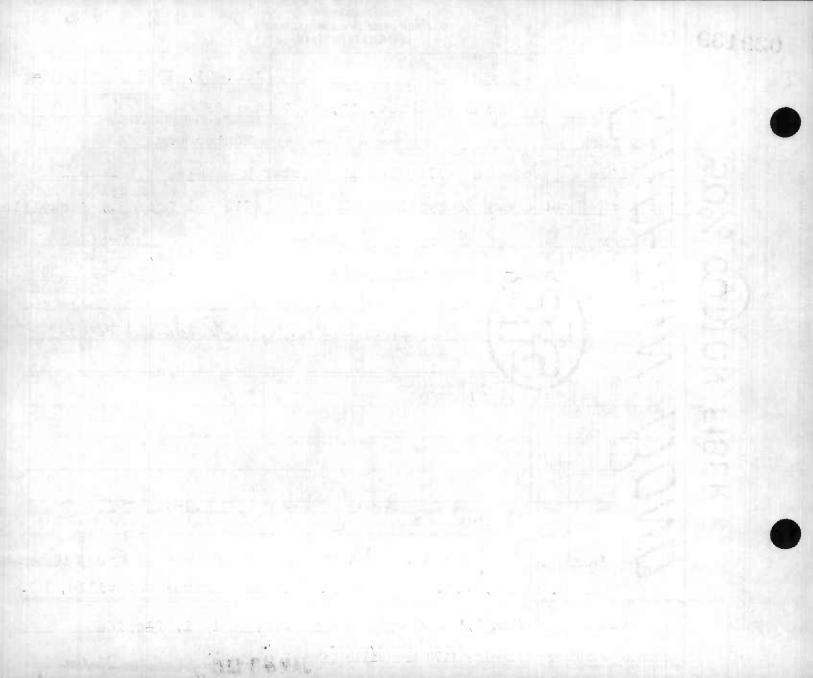
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	FOR STATE REGISTRAR			DEPARTA		EALTH AND	MENTAL HYG DEATH		REG. NO.	. 5 7	3
		CEASED NAME OR PRINT! M	erie		oyce	Lee	AST		Janua	ary 3,	1986	1:15p,
	3 SE>	Female		4 RACE Bla	ck	S. DATE C	DAY	1931	6 AGE (IN YEAR		IF UNDER I YEAR	IF UNDER 24 HRS
6	7a BII	RTHPLACE (STATE ORFO			WHAT COUNTRY?	8	D NEVER	MARRIED D	9. BALTIMORE	YRS CITY OR COUN	ITY OF DEATH	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
9		olney	TH	11. NAME OF	HOSPITAL, NURSIN HEACILITY GIVE STREET OMERY G	IG HOME C	R OTHER INS	TITUTION	17a USUAL OC		12b. KIND C GLIFE) INDUSTRY	DF BUSINESS OR
6	13a S	MD	13b COUN		GIVE RESIDENCE BEFORE 134 CITY OR TOW Sandy	N		CITY LIMITS?	13e STREET AD	DRESS / ZIP CC		rt/20860
U			nk W	• Lee	LAST				. ,	Matthew		5T
1		VAS DECEASED EVER ((ES, NO OR UNKNOWN) NO		MED FORCES? E WAR OR DATES)	166 SOCIAL SECU 217-32-		Ann		ister)	18716 Brink	LOW, MD	mpshire 20862
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4	24 FL	URIAL CREMATION, B SPECIFY Burial JNERAL DIRECTOR NAME COTGE R. ST		1-8-8		h Mer Washi	moria ngton	St. 25a. DAT	23d LOCATION Sand	dv Spri	ing, Mo	STATE MD

DHMH - 16 60M 7/84 (VRA 15, 4)

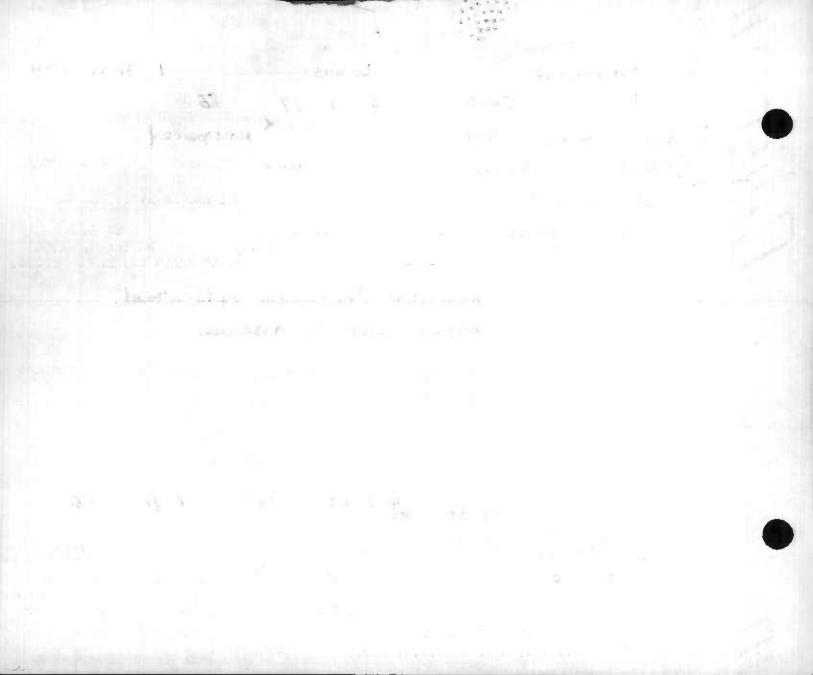
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IMPORTANT: If he



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			CEASED NAME FIRST	MIDDLE	LA	ST .	2e. DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
	ay be	(TYP)	HELEN	V.	Line	coln	JAN	WARY 24,198	6 2200 M
	page er deal	3. SE		4. RACE	5. DATE O		6. AGE TIN YEARS LAST BY	RTHDAY) IF UNDER 1 YE	EAR IF UNDER 24 HRS
K	ctor,		-emale	Black	WY.	21: 191/2	69	YRS.	HOURS MIN.
1	Pog dire			Th. CITIZEN OF WHAT COUN	ITRY? 8		9 BALTIMORE CITY	OR COUNTY OF DEATH	
	leath.		COUNTRY) MD	U.S. A.	WIDOWE		MONTGON	ERY COUNT	-y MD.
	ie ie ie	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	URSING HOME O	R OTHER INSTITUTION	12e USUAL OCCUPAT	ION 12b. KIN OF WORKING/LIFET INDUST	D OF BUSINESS OR
5	By the	1	rockville:	SHADY GROVE P	ADVENTIST	HOSPITAL	unemple	oved	
0212	4 hourst led in ld be ust be		AL RESIDENCE (IF NURSING HOME OR 13h, SOUTH		A - A	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS	001	12000
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MARYLAND 2120	with and 2 and 2 and 2	1	ATHER'S NAME HEN DU	DORSEN		TOS!	P COO	K	LAST
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	DHMH - 16 50M 4/B2		UNERAL DIRECTOR		Vashingto		TE REC'D. BY REGISTRA	25b. REGISTRAR'S SIGN	ATURE
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DHMH - 16 60M 7/84 (VRA 15, 4)			BERG MEM CHP PK. ROCKVILI	INC.	B REC'D BY REGISTRAR 256 REGISTR	AR'S SIGNATURE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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CERTIFICATE OF DEATH REG. NO DECEASED NAME 26 HOUR TYPE OR PRINT! ED, +4 3 SEX 4 RACE 6 AGE LIN YEARS LAST BIRTHDAYS IF UNDER I YEAR MONTH WHITE 80 70. BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED NEW JERSEY USA JO CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 176 KIND OF BUSINESS OR AT HOME HOUSEWIFE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 136 STATE GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 130 STREET ADDRESS ZIP CODE RD. ANNE ARUNDEL **ODENTON** 21113 MARYLAND YES TA NOF 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME RODMAN SARAH DAVID Miss DevERAREG. LIPSKE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 8208 TELEGRAPH RD. ODENTON, MD 220-44-3861 21113 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY H quel 490% 13H (50 Messi30 IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME STREET FACTORY OFFICE FARM ETC) NOT WHILE 220 I certify that (I) (this hospital) attended the deceased from ___ and that in (my) (our) opinion death accurred on the date and hour and from the causes stated DECREE 271 DATE SIGNED ATTENDING MEDICAL STAFF 22e ADDRESS PC3. FEMTON ST H. LED IN SILVER SPRING, MI 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY (SPECIFY)BURIAL JAN. 23, 1986 BALTIMORE HEBREW FRIENDSHIP

DHMH - 16 60M 7/84 (VRA 15, 4)

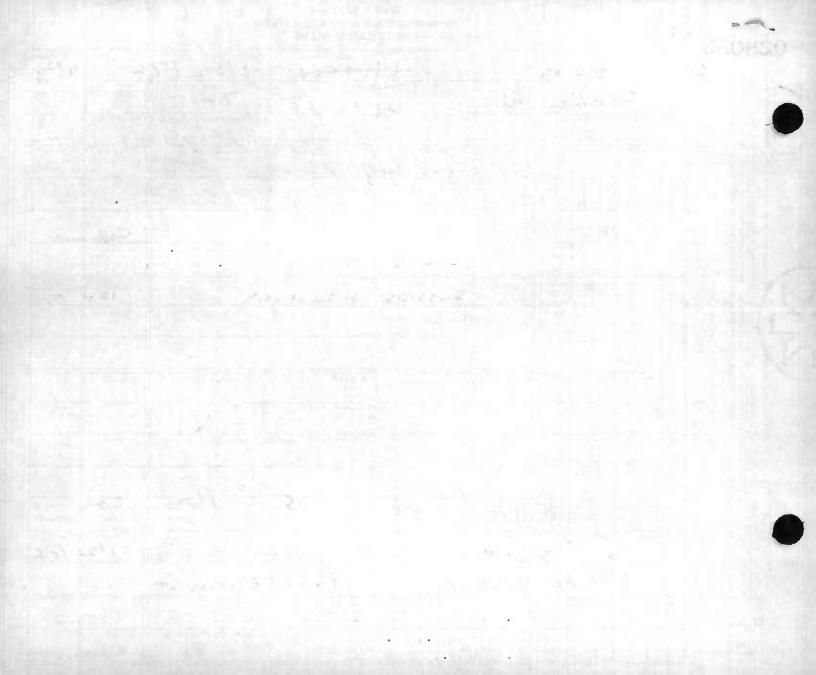
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24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

6010 REISTERSTOWN RD. BALTO., MD 21215

MARYLAND



- STATE REGISTRAR 023049 EASED NAME O DATE KNOWN DEATH MATED 4 RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS DATE DAY PRONOUNCED 30 -20,086 50 DEAD TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY) MARRIED X NEVER MARRIED New Jersey United States NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Marketing Representative Rockville Technology Shady Adventist Hosp. 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Montgomery 520 Mannakee Street/20850 Rockville NO [] 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE Harry Helen Lockwood Ruhmann 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS YES NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 43-24-4575 Korea Gail J. Lockwood, same as 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which 21201220212 COTONGY gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) CERTIFICATION 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [NO X 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 211 LOCATION STREET, FACTORY, FARM, ETC) STREET CITY OR TOWN NOT WHILE COUNTY STATE AT WORK AT WORK 220. I certify that I took charge of the remains described above, held an death resulted fram: Hamicide Undetermined manner TITLE (SPECIFY PAGE 4 SHOUI TO FUNERAL D AFTER DEATH, N BACTIMORE, M. ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 236 DATE T 23d. LOCATION Parklawn Mem. Park Rockville, Maryland 07/84 BP 24. FUNERAL DIRECTOR Obert A. Pumphrey Funeral Home So. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** 300 West Montgomery Ave. Rockville, MD (VR A15 ME (5))

STATE OF MARYLAND

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGTENE CERTIFICATE OF DEATH

REGISTRAR REG. NO. 1 DECEASED NAME 20 DATE OF DEATH MONTH (TYPE OR PRINT) Charlotte TOPOLOFF Love January 10, 1986 4 RACE 5. DATE OF BIRTH 3 SEX 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR HOURS MARCH 2, 1915 Female WHITE TO BIRTHPLACE ISTATE OF FOREIGN TO CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MASSACHUSETTS USA Montgomery COUNTY WIDOWED DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 176 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Olney Montgomery General Hospital OWN HOME HOUSEWIFE 13. STREET ADDRESS / ZIP CODE 15401 BASSETT LANE ---- 20906 13d INSIDE CITY LIMITS? 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME JACOB FRANK TOPOLOFF MIDDLE LEVY SARAH 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT 213-48-1154 18 CAUSE OF DEATH (Enter only one couse per line for the fine of the part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE w. ars Canditians, if any, which gave rise to immediate cause to, stating the I eleroti curded vasul our underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 71a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION COUNTY STATE (AT HOME STREET FACTORY OFFICE, FARM, ETC.) WHILE NOT WHILE 220.1 certify that A (this hospital) attended the deceased from and that in (py) (aur) apinian death occurred on the date and hour and fram the causes stated DEGREE 221. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 230 BURIAL, CREMATION, REMOVAL BURTAI 1/13/1986 DATE RECOVER REGISTRATES PROPERTY SIGNATURES

DONALD M. STEIN HEBREW MEMORIAL FUNERAL HOME

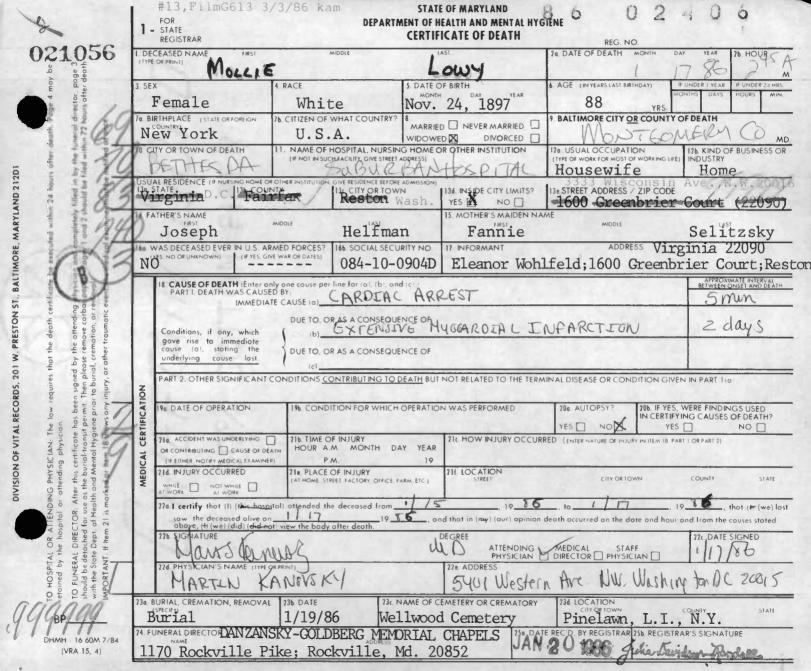
232 CARROLL STREET. N. W. WASHINGTON, D. C.

DHMH - 16 60M 7/84

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(VRA 15, 4)

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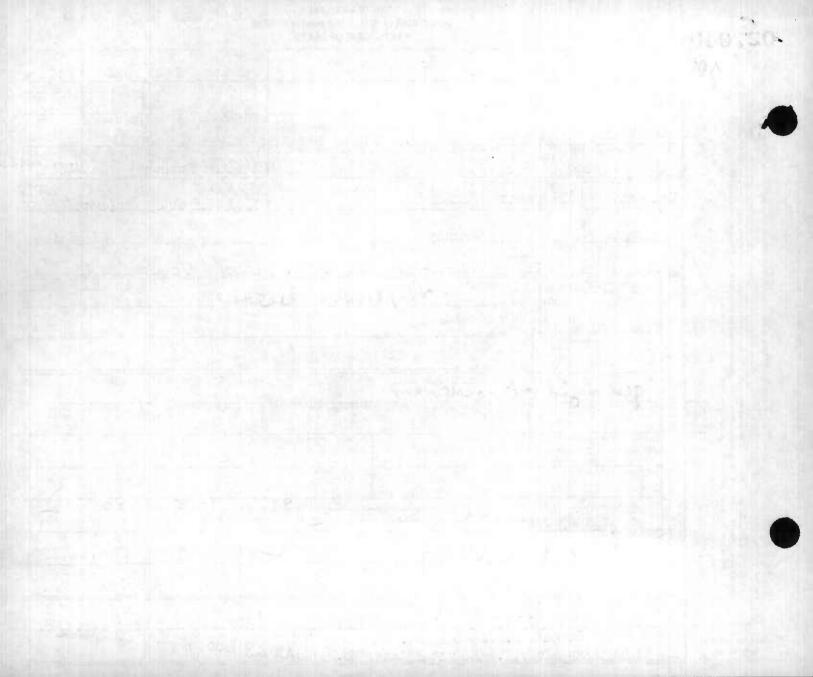
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STATE OF MARYLAND

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500 University Blvd. W. Silver Spring.

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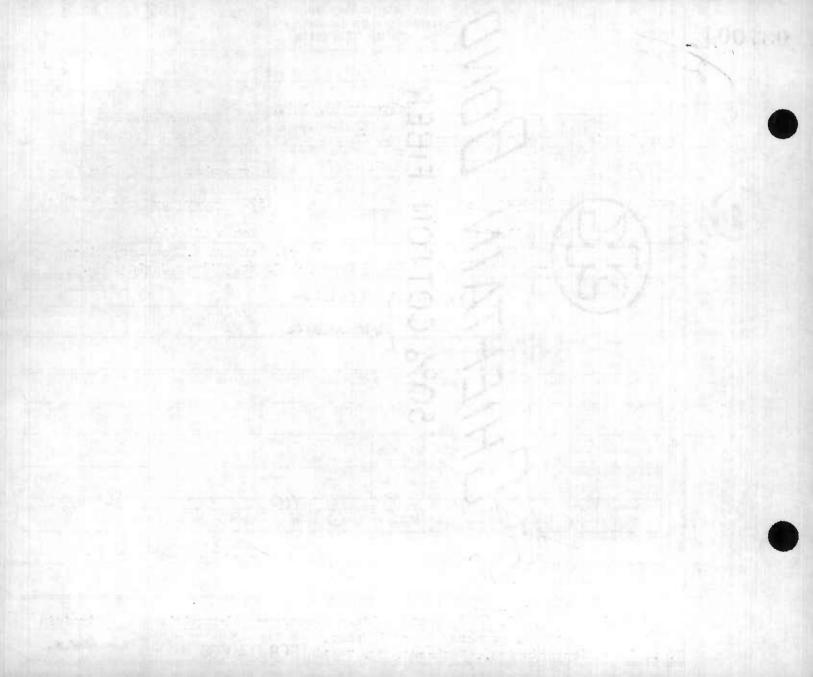
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Springs of the Control of the Contro	-	saw the deceased alive an above, (f) (we) (did) (did no	at view the body after death.	108600	nd that in Imy laur opinion d	leath occurred on the di	ate and how and h	om the couses shated
ho ho		27k SIGNATURE	.1110	1 1	66GREE		22	C. DATE SIGNED
the photon		Milliares	WilloVace	1/41	ATTENDING	MEDICAL STAN	T. P.	1/13/02
PITA by Sim		276 PHYSICIAN'S NAME (TYPE O	OR PRINT)	-	122e ADDRESS	PERMECTON [] PHYSIC	IANILI	110100
HOSPIT need by FUNE uld be wid be		PICHAPNP	DELANEY .	MA	4323 HAV	ADDST S	< 41	17-1916
01 0213		K. C. T. C. J. I	المالات المالات	IP	13031140	7200	. J. FlU	2000
Charles 1	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF	EMETERY OR CREMATORY	23d LOCATION	- 2	
149 BP 47	,	Berrial.	Deur. 17. 1986	Kick Co	uk Cyntlau	TI PORTOWN	COUN	STATE
11000	24 FL	NERAL DIRECTOR	6)			REC'D. BY REGISTRAR	Sh REGISTRAD'S	IGNATURE .
DHMH - 16 60M 7/84 (VRA 15. 4)	-	NAME	in Olikletten 2	A Care	11 A1 A/3/	20'4096"	Life Kouls	
(VAA 13, 4)	//	CUESTIM U CLEUTAL KIL	101 2011691691 1	10 Carl	1 2420 LC OF 111	THE PARTY OF	Syllan . J. B. H. W. A.	And and Killing Co.

M125 02-9 MUNICIPAL OF THE NAME OF THE PARTY OF THE PA Supply made Plant THAT IS MANDERLY SEE MAY STORY DO Berne Har Mille Vice Park Commen Textured here industrian intelligence are their shorter in the second

STATE OF MARYLAND MALONE DEPARTMENT OF HEALTH AND MENTAL HYGIENE CHARLES - STATE CERTIFICATE OF DEATH 029045 REGISTRAR REG. NO DECEASED NAME IRST CHARLES 20 DATE OF DEATH 26 HOUR KEVIL MALONE Charles 22 4 RACE AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS 1. SEX 5. DATE OF BIRTH YEAR MONTH WHITE **BALTIMORE CITY OR COUNTY OF DEATH** PERMITORADISEN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED MONTGOMERY TEXAS U.S.A. WIDOWED 120 USUAL OCCUPATION
(GLA VIOLED MOST OF WORKING LIFE)
ADJUSTER 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH 126. KIND OF BUSINESS OR INSURANCE KENSINGION GARDENS NURSING HOME CENSINGTON SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 3000 MCCOMAS AVENUE 13d INSIDE CITY LIMITS? 20895 & FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE WIRE GEORGE 17 INFORMANT (FRIEND) ADDRESTOTOMAC. MD. 20854 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 405-34-9578 JOHN W. DRACOPOULOS. 10320 DEMOCRACY LANE. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY. CARMORESPIRATORY ARREST IMMEDIATE IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF eight LUNG 8 MONTHI Conditions, if any, which gave rise to immediate couse lai, stating the DUE TO, OR AS A CONSEQUENCE OF underlying course lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 STRICTURE - MALNUTRITION ES-OPHAGEAL IN DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOM NO [210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) The Learning that I the hospital) attended the deceased from the december alive an above (If = 9) (did) (did not) view the body after death and that in (my) (aur) apinian death accurred on the date and havi and from the causes stated 72h SIGNATUR DEGREE 221 DATE SIGNED W Hentelle ~ January 20 29 1986 ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OF PRINT) 5480 WISCONSON AVE., CHEVY CHASE, MD. 20015 LUIS F. BENTOLILA. M.D. "ALEXANDRIA, VIRGINIA 24 FUNERAL DIRECTOR RICHARD RAPP. INC. 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURED DHMH - 16 60M 7/84 1804 T ST., N.W., WASHINGTON, D.C. 20009 (VRA 15. 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGTERS

FOR - STATE



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

		EASED NAME	FIRST	N	VIDDLE	L	ASI	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	(TYPE	OR PRINT)	odore	Martin				1	25	86	10:13
	3 SEX			4 RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST !		IF UNDER I YEAR	
1	1	Maile		Blac	h'c	Apr.	18, 1912 AR	74	YRS	MONINS DATS	HOURS MIN.
7	7a BIF	OUNTRY MD	ORE IGN	76 CITIZEN OF V	WHAT COUNT	RY? 8 MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY		TY OF DEATH	MD
1		Olney Md	ТН	(IF NOT IN SUC	H FACILITY, GIVE ST	REET ADDRESS)	al Hospital	12a USUAL OCCUPA (TYPE OF WORK FOR MOS Laborer	OF WORKING		OF BUSINESS OR
1	USU A 13a S	L RESIDENCE (IF NURS TATE MD	13b COUN Mont	VTY	13c CITY OR T ROCKVI	OWN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 217 Sprin			50
		THER'S NAME FIRST CLEM	77.5		LAST			lara Hawkir		Ļ	AST
		(AS DECEASED EVER		MED FORCES?	166 SOCIAL S		17 INFORMANT		RESS		
		No			577-16	-5396	Ethel M. Mar	ctin (wife)	same	as #13	\$
		PART I. DE ATH W	AS CAUSE	lly one couse per D BY: TE CAUSE (o)	line for 101, (b)	andic.	arres	+		APPRO BETWEEP	NONSET AND DEATH
		Conditions, if ony,			SEVEV	QUENCE OF	erosclerote	i Vasce	las		
		underlying couse	last	(- Ic)	R AS A CONSE		disease				
	NOI	Recent RY	VOLUS	conditions co	afich &		NOT RELATED TO THE TERM			SIVEN IN PART 1	lio
2	CERTIFICATION	1/15/8	6	Hov:	/		N WAS PERFORMED, CLUSIVE diseas	200 AUTOPSY?	IN CERT	YES, WERE FIND TIFYING CAUSE YES [PINGS USED ES OF DEATH?
1		210. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DE	HOUR A.	M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM TE	B PART I OR PART 2)	
	MEDICAL	21d INJURY OCCURE WHILE NOT WH AT WORK AT WOR	RED	21e PLACE (211 LOCATION STREET	CITY OR	TOWN	COUNTY	STATE
		220. I certify that (II		tol) ottended the	e deceased fro	m	. 19	to		19	that (I) (we) lost
		sow the deceose obove, (I) (we) (g	d olive on		1	9, or	nd that in (my) (our) opinion	death occurred on the	date and he		ne couses stated
		22b. SIGNATURE	Ale	est	TFO	Y		MEDICAL ST DIRECTOR PHYS	AFF	220 DAT	26/86
		Robe	ME (TYPE C	L. Fox	mb		1811 Prince	e Philip ?	Av. 8	olney,	rud.
		URIAL, CREMATION,	REMOVAL	23b DATE	2	3 NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE

DHMH - 16 60M 7/84

BP.

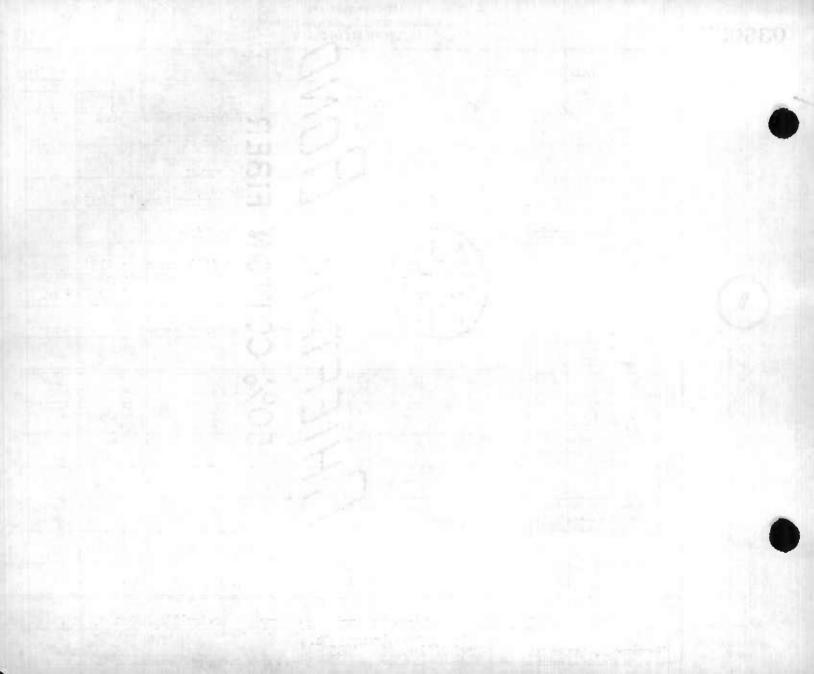
24 FUNERAL DIRECTOR George R. Snowden (VRA 15, 4)

Burial

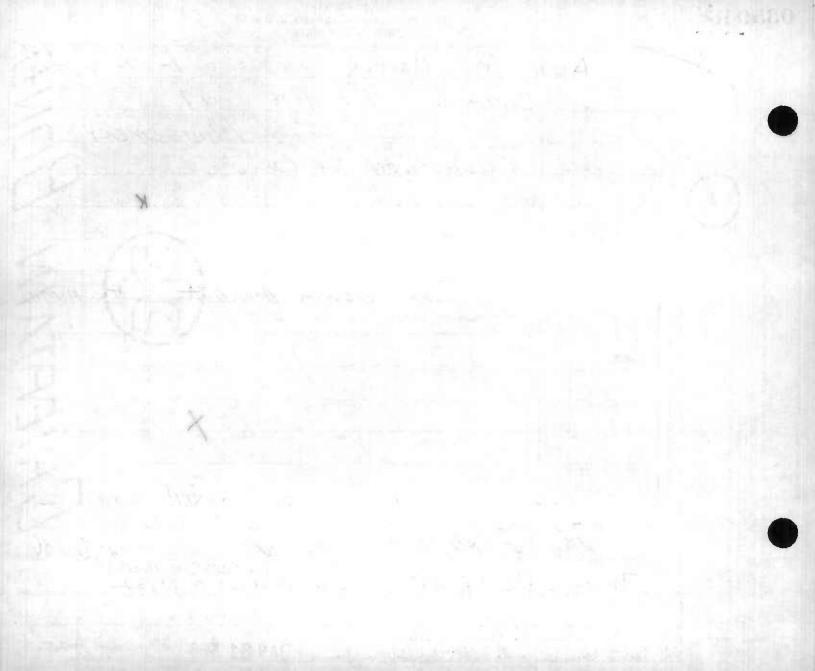
1-29-86

246 N. Washington St. Rockville, MD 20850

23d LOCATION
CITY OF TOWN
ROCKVILLE, MONTG. Md.
RY REGISTRAR 25b REGISTRAR'S SIGNATURE Lincoln Park Cemetery



035046		FOR		DEPARTME	STATE OF MARYLA T OF HEALTH AND A		NE 6	2 4	1 4	
	1.	STATE REGISTRAR		(ERTIFICATE OF D	EATH	REG. N	0		
: 215		A N	N P.	MA	RTUS		20 DATE OF DEATH	MONTH DAY /- 27-	-86 26 HO	DUR 45
ge 4 moy	3. SE	Fomalo	CANCAS!	AN	DATE OF BIRTH	1898	AGE (IN YEARS LAST BIR	THDAY) IF UNI MONTH	DER LYEAR IF UND	DE 24 HRS S MIN.
deoth. Po	1	RTHPLACE (STATE OR FOREIGN COUNTRY)	USA	V		VORCED	BALTIMORE CITY C	GOME	EATH	MD.
or offer	1	OCKVILLE	(IF NOWN SUCH FACIL	WG5W	1000 NSC	5 CM	20 USUAL OCCUPAT	ON 12 OF WORKING LIFE) IN	b KIND OF BUSI IDUSTRY Hotol	NESS OR
orthin 24 hou	Ma	AL RESIDENCE HE NURSING HOME OF STATE 13b. COUITY MONT	VIY 130 C	SIDENCE BEFORE ADI	ina YES 🗆		3 STREET ADDRESS	ZIP CODE		0910 612
w x ccuted w		VAS DECEASED EVER IN U.S. AR	oseph :	Schafer OCIAL SECURIT		ilomena Neph		SS 11520 L	Yahn eHavre	Drive
be e		18 CAUSE OF DEATH (Enter or	34	1-09-034	10 Edward		r. Pot	omac, Ma		20854
squires that the death cer ranged by the attending Then please remove carbo to burial, cremotion, or re njury, or other traumatic	NO	Canditions, if any, which gave rise to immediate couse (0), stating the underlying cause last	DUE TO, OR AS A (b) DUE TO, OR AS A (c) CONDITIONS CONTRI	CONSEQUENC			IAL DISEASE OR CON	DITION GIVEN IN	PART IIa	
The tow retion: In the tow retion: It permit thows only in the prior	CERTIFICATION	190 DATE OF OPERATION		FOR WHICH OP	ERATION WAS PERFOI		200 AUTOPSY?	IN CERTIFYING	RE FINDINGS US CAUSES OF DE NO	ATH?
Sician Time physical certificate unal-transit hem 18 sh	MEDICAL CE	210, ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE.	HOUR A.M. A	MONTH DAY	19	763.15	D (ENTER NATURA OF INJU	RY IN ITEM 18 PART I C	IR PART 2)	
DING PHY or ottendi After this e as the bu bith and M	WED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF IN.	TORY, OFFICE, FARM	ETC) 211 LOCATIO STREET	7/1	27 TA	wn c	OUNTY	STATE
R ATTENE haspital RECTOR ed for us, pt. of Hee		22a. I certify that (I) (this hosping sow the deceased alive an 22b. SIGNATURE		-19	and that in (my) ((aur) apinian dei	ath occurred an the de			
PITAL OF by the VERAL DIS Store De ANT: If It		22d. PHYSICIAN S NAME (TYPE C	1 6000	ey Ver	A		MEDICAL STAL DIRECTOR PHYSIC	FF IAN	27 JAN	A
TO HOSPITAL (retained by the TO FUNERAL Is should be deto with the State (IMPORTANT; If	23a	THOMAS E.	Dosley	WY	O LNE	y, mA	RYLAND &			
ВР		Burial JNERAL DIRECTOR Franci	1/30/86	Gato	of Heaven	Cemete	CITY OR TOWN	Spring M 25b REGISTRAR'S	ONTGOME SIGNATURE	ry Md.
DHMH - 16 60M 7/84 (VRA 15, 4)	50				ing. Md.	JAN	3 1 1986	Salia Davi		AUL



027074	y	FOR - STATE REGISTRAR		MENT OF HEALTH	AND MENTAL HYG	IENE REG. N	0.		5
of the other of the		CEASED NAME FIRST WALTE	R J RACE	MASON Is. Date of Birth	SR.	20. DATE OF DEATH Jan 19 6 AGE (IN YEARS LAST BIR	1986	YEAR	26. HOUR 450 P M
a de la constante de la consta	3.00	MALE	WHITE	Detonin 27	1904 A	81	YRS.		MOURS MIN.
1 16		RTHPLACE ISTATE OF FOREIGN COUNTY OF Jersey.	U. S. A.	MARRIED NE	EVER MARRIED DIVORCED	9 BALTIMORE CITY O	gomery		MD.
	10 C	ADEL PIETSILVEL SP	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET 1800 MT. 156)		RINSTITUTION # 13	120 USUAL OCCUPATION OF WORK FOR MOST CONTRACT UNION	OF WORKING LIFE)	2b. KIND OF NDUSTRY	BUSINESS OR
	USU 130	AT RESIDENCE (IL MORSING HOWE OF	TY Jones Silv	er Spres	SIDE CITY LIMITS?		∌ah Ln	. Apt	. 13
11/1/2	14, E.	ATHER'S NAME Charlet	Mason.	15 MO1	Mary.	WE		LAST	2090=
WORK TO THE PARTY OF THE PARTY		WAS DECEASED EVER IN U.S. ARA YES NO OR UNKNOWN] (IF YES, GIVE	WAR OR DATES) 297-10-0	1795 A. T	Walter J	. Mason J			
on ST. BALL on certificate to dring physics on removal onic event, the		PART I. DE ATH WAS CAUSED	y ane cause per line for (a), (b), and BY: E CAUSE (a) DUE TO, OR AS A CONSEQU	PIRATORY	ARREST			APPROXIM BETWEEN O	MATE INTERVAL INSET AND DEATH
DS, 201 W. PRESS parmer that the despress by the atter her please emove to buriol, comortion pary, or other traum.		Conditions, if ony, which gave rise to immediate cause (a), stoting the underlying couse lost PART 2 OTHER SIGNIFICANT C	(b)	ENCE OF		TONGUE AND		N PART 11a	
ALMECORDS The law requirement the representation to the same price to the same pric	CERTIFICATIO	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS I	PERFORMED	200 AUTOPSY?	20b. IF YES, WI IN CERTIFYING YES	G CAUSES	GS USED OF DEATH?
School of the state of the stat	CALCE	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATHER NOTIFY MEDICAL EXAMINER		AY YEAR	DW INJURY OCCURI	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1	OR PART 2)	
NG PHTS of the the country of the the country of th	12	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LAT HOME STREET, FACTORY, OFFICE, I		CATION	CITY OR TO	WN	COUNTY	STATE
ATTEND SCIOL A STREET	1	sow the deceased alive on above, (1) (we) (did) (did not	ol) attended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19		, 17	death occurred on the de		from the c	
TAL OF THE NOTE OF THE PROPERTY OF THE PROPERT		226. SIGNATURE 226. PHYSICIAN'S NAME (TYPE OF	llokull(DEGREE M.D	ATTENDING PHYSICIAN DORESS	MEDICAL STA	FF CIAN []	Jan	19,1986
O HOSP		MARK	K LI	17	21 UNIV	BRS.TY BLV	DW, V	VHEA TO	N MD 2090
BP		BURIAL, CREMATION, REMOVAL (PECIFY) Burial.			of Heave	211Aet.			
DHMH - 16 50M 4/82 (VRA 15, 4)	24 F	Silver faller	Takoma Fune 254 Carroll	eral Hom Sr. N.		EREC'DE BY REGISTRAR	256 REGISTRAR	SSIGNATU	JRE,

and completely filled in by the funeral director, page 3 tages.] and 2 shauld be filed within 72 hours after death

BALTIMORE, MARYLAND 2120

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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ALC:	Give		- 4

REG. NO.

	CEASED NAME E OR PRINT)	Goldyne		losberg		ates		January 1	MONTH 19	86	26 HOUR 1:45
3. SE	Х	18000	4 RACE		5 DATE O		YEAR	6. AGE (IN YEARS LAST BI	RTHDAY)	IF UNDER I YEAR	IF UNDER 24
	Female		Whit	e	Nov	1. 22.	1905	80	YRS.		
	IRTHPLACE (SIA			WHAT COUNTRY?	MARRIED	NEVER	MARRIED -	9 BALTIMORE CITY	The Table		
	New Yor		USA		WIDOWE		IVORCED	Montgomer			
	ethesda	FDEATH	(IF NOT IN SUC	HOSPITAL, NURSIN	ADDRESS	R OTHER INS	MOITUTIT	12a USUAL OCCUPAT	OF WORKING L		
_				rnwood Ho				Homemaker		Own	Home
	STATE	136 COU		13c CITY OR TOW Washong	N	13d. INSIDE	NO [13e STREET ADDRESS 4201 Cath			120016
14. F/	ATHER'S NAME					15 MOTHER	S MAIDEN NA	ME			
	Joseph		WIDDLE	Cashma		A	lice	MIDDLE	-	Wein	berg
	VAS DECEASED YES, NO OR UNKNOW NO	N) (IF YES, G	RMED FORCES? VE WAR OR DATES)	578-62-2		17. INFORM		chlosberg,		Charred sda, MD	
	18 CAUSE OF E PART I. DE A	TH WAS CAUS	nly one cause per ED BY: .TE CAUSE (0)	line for (0), (b), an	esteri	e He	ant Fe	ribere		APPROXI BETWEEN	hous
	Conditions, if		DUE TO, O	RAS A CONSEQUI	ENCE OF	Inger	ficience	ey		Len	Enon
	gave rise to cause (a), underlying	stating the	DUE TO, OI	RAS A CONSEQUE	ENCE OF	ica	und a	nemia		6 m	onth
CATION	PART 2 OTHER	SIGNIFICANT	CONDITIONS CO	mal mal	DEATH BUT	- CA	o to the term	bral base	DITIONG!	VEN IN PART THE	رما
ICA	190 DATE OF OF	PERATION	196 CONDI	TION FOR WHICH	OPERATION	WAS PERF	DRMED	20a AUTOPSY?	20b. IF YE	S, WERE FINDIN	GS USED

CERTIFIC MEDICAL

FOR - STATE

REGISTRAR

21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21d INJURY OCCURRED

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

21e PLACE OF INJURY

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION

CITY OF TOWN

COUNTY

YES T

STATE

NO [

OF BUSINESS OR Home

22a I certify that (I) (this hospital) attended the deceased from and that in (my) (aur) apinian death occurred on the date and hour and from the couses stated saw the deceased alive an_ 226. SIGNATUR DEGREE

224. PHYSICIAN'S NAME (TYPE OR PRINT)

230 BURIAL, CREMATION, REMOVAL 238 DATE

Thomas C. Havell, M.D.

22e ADDRESS

23c NAME OF CEMETERY OR CREMATORY

4201 Cathedral Ave., N.W., Wash., DC

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

DHMH - 16 60M 7/84 (VRA 15, 4)

(SPECIFY) Burial 1/19/86 Adas Israel Cemetery 24 FUNERAL DIRECTOR JOSEPH GAWLET'S SONS, INC. 1/4 PALES

5130 Wisconsin Ave, NW, Washington, D.C. 20016

Washington.

23d LOCATION

216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART I OR PART 2

STATE

22c. DATE SIGNED

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DIVISION OF VITAL RECORDS.

(VRA 15, 4)

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21	
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20040	1-	FOR STATE REGISTRAR(AKA Midd	lle Name	DEPARTA	MENT OF H	E OF MARYLAND HEALTH AND MENTAL HYD FICATE OF DEATH		2 4 1	8
23043		EASED NAME FIRST		MIDDLE		LAST	REG. NO.	ONTH DAY YEAR	2b HOUR
poge 3	(TYPE	Ellen	El	izabeth	Mo	Cain	January 15.	1986	330 D M
moy moy	3. SEX	(4. RACE			OF BIRTH	6. AGE (IN YEARS LAST BIRTH	DAY) IF UNDER 1 YEAR	R IF UNDER 4 HRS
Page 4 m director, p		Female	White	0	July	13. 1886	99	YRS.	S HOURS MIN
Pog Pour		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY OR		
eath. In 72 I		th Carolina	U.S.	A.	WIDOW		Montgomery		MD.
State Sold	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	170 USUAL OCCUPATIO		OF BUSINESS OR
by t		koma Park	Washin	gton Adve	ntist	Hospital	Housewife		Home
5 9 / 30 /	USUA 13a. S	AL RESIDENCE (IF NURSING HOME COTATE	PROTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	1 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE	
Filled Distriction		ryland P.	i,	Hyattsvi	lle	YES NO		Place 207	83
completely 1 and 2 st	14 FA	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME		AST
ond ond		rank	Α.	Gilber		Mattie		Jeffer	J
ond co		VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDRES	11	Same as
S. Po	No			220-46-7	623	Mrs. Mary Lo	uise McCain	No.13	DXIMATE INTERVAL IN ONSET AND DEATH
ow requires that the been signed by the rimit. Then please, cern prior to buriot, crem any injury, or ather t	CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION			DEATH BUT	LEUSSCLESOE NOT RELATED TO THE TERM		206. IF YES, WERE FINE	DINGS USED
if pe	Z E	ELO ESMILLES					YES NO	YES 🗌	NO 🗍
ohysici ficate fransi		21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DI			AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2	
ng p cert cert Vento	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE		.M.	19	AN LOCATION			
attendi	WED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET_FACTORY, OFFICE, F	ARM ETC)	21f LOCATION STREET	CITY OR TOW	N COUNTY	STATE
CTOR: Alfor use of Healt		22a.1 certify that (1) (this hasp saw the deceased alive a above, (1) time) (did) (did) in	n tor	214 192	60	nd that in (my) four) opinion	death accurred on the dat	e and hour and from th	
by the house of the formal be detached a Stote Dept TANT: If her		27d PHYSICIAN'S NAME (19PE	OF PRINT)	Welt	lon	ATTENDING PHYSICIAN 6	MEDICAL STAFF	10	15, 1986
retained by the TO FUNERAL I should be deto with the State I IMPORTANT: If		PICHARD	L.W.	MELTO	N	7100 Balle	more Ove C	Clase Too	2 MD
BP		SURIAL, CREMATION, REMOVA				rt Meth. Chur	ch 23d LOCATION CITY OR TOWN	Chooper	ille S.C.
	24 FL	Burial UNERAL DIRECTOR	1-20-	oo ya	ra_Le	metery 25a DA		b. REGISTRAR'S SIGN	
OHMH - 16 60M 7/B4 (VRA 15, 4)		Gasch's Sons	F.H. P.	1. Hyatts	ville	, Maryland JA		ilia deviden-l	forder

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Trancourt leth. Church charge and continue of the continue of

nding physician and campletely filled in by the funeral director, page 3 carbanpapers. Pages 1 and 2 shauld be filed within 72 hours after death medical examiner must be notified deported

hours offer

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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CERTIFICATE OF DEATH	REG. NO.			
LAST	20. DATE OF DEATH MONTH	-		

REGISTRAR				CERTIF	ICATE OF DEATH	REG.	NO.		
1. DECEASED NAME	FIRST	-	MIDDLE	ı	ASI	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	Willia	am Jo	ohn M	icCau	sland	124	25,	1986	543
3 SEX		4 RACE		5. DATE C		6. AGE (IN YEARS LAST		IF UNDER I YEAR	IF UNDER 24 HRS
Male		Caucas	ian		per 23, 1896	89	YRS	MONTHS DAYS	HOURS MIN
To BIRTHPLACE (STA	ATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY		OF DEATH	
Rhode Isl	and	United	States	WIDOWE	_	Montgom	erv C	ounty,	, N
O CITY OR TOWN O		11. NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPA	TION	12b. KIND O	F BUSINESS O
Bethesd	а		HEACILITY, GIVE STREET A		ETHESDA	Unit Mana			rance
USUAL RESIDENCE		OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)					arance -
Maryland		gomery	Gaithers		13d INSIDE CITY LIMITS?	19310 C1	ubhouse	Road	20879
4 FATHER'S NAME	mont		Carthers	Durg	15 MOTHER'S MAIDEN NA	ME			
John	C	A. M	cCausland	4	Margaret	WIDDLE		Burns	5
60 WAS DECEASED	EVER IN U.S. AR		166 SOCIAL SECU		17 INFORMANT Neph	ew 8500	RBrink	Road	
Yes, no or unknow	(IF YES GIV	E WAR OR DATES)	577-07-2	2002	Thomas Bourd	eaux Gai		rg, Md.	. 20879
									MATE INTERVAL
PART I. DEA			line for 10) (b), and	/1/	1/2500 Par	mida	al	BETWEEN	ONSET AND DEATH
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couse (a), underlying	couse lost.	DUE TO, O	R AS A CONSEQUE	NCE OF					
DARKS OTHER	CIOLUE I	(c)							
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190. DATE OF O	PERATION	196 CONDI	TION FOR WHICH	N WAS PERFORMED	200 AUTOPSY?	206. IF YES	, WERE FINDIN	IGS USED	
190. DATE OF OIL	one				- 23	YES NO	1	YING CAUSES	OF DEATH?
		21b. TIME O	FINJURY M. MONTH DA	V VEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18 P.	ART I OR PART 2)	
OR CONTRIBUTING	CAUSE OF DEA	1111		Y YEAR					
(IF EITHER NOTIF		21e PLACE	OF INJURY		211 LOCATION				
WHILE TO N	OT WHILE	(AT HOME STR	EET, FACTORY, OFFICE, FA	RM, ETC]	STREET	CITY OR	TOWN	COUNTY	STATE

If them 21 is marked at them 18 shaws any injury, at other traumatic event, the

MPORTANT.

22a. I certify that (I) (this haspital) attended the deceased from sow the deceased alive an obove, (T) we (did) (did not) view the body after death.

and that in (my) (our) opinion death accurred on the date and hour and from the causes stated ATTENDING PHYSICIAN MEDICAL

STAFF DIRECTOR PHYSICIAN

BP.

etained by

TO HOSPITAL

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has be should be detached for use as the burial-transit perm with the State Dept. of Health and Mental Hygiene pr

NDING PHYSICIAN: The

230 BURIAL 236 DATE Jan. 1986 Burial

23¢ NAME OF CEMETERY OR CREMATORY Forest Oak Cemetery

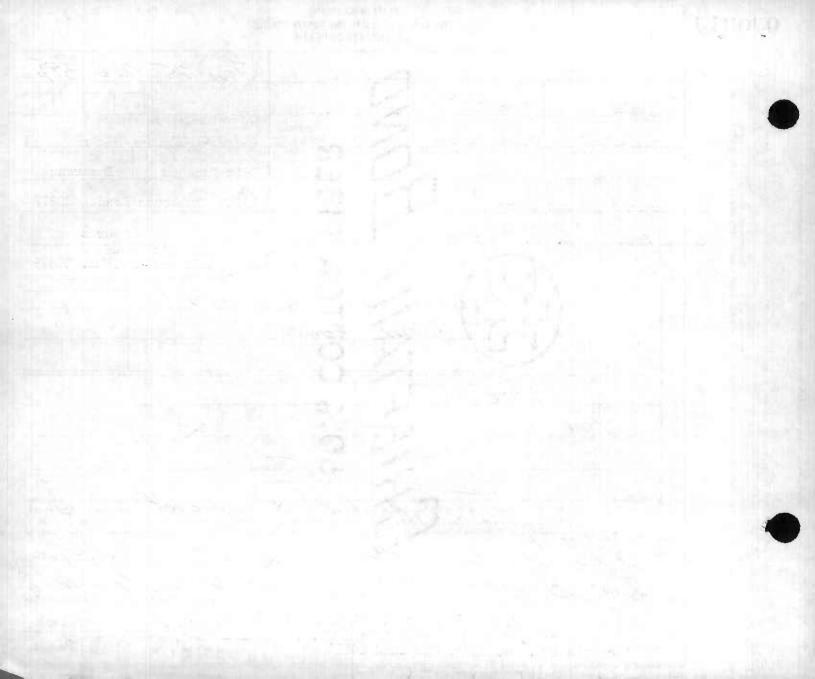
22e ADDRESS

23d LOCATION CITY OR TOWN Gaithersburg

Maryland

22c DATE SIGNED

7557 Wisconsin Ave. Bethesda, Maryland 20814 REGISTRAR 256 REGISTRAR'S SIGNATURE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH DECEASED NAME 7b. HOUR McChain. Walter lain in 4 RACE 3 SEX AGE LIN YEARS LAST BIRTHDAY IF UNDER 1 YEAR 5, DAY 192 \$ AR Male Black. In BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED North Carolina U.S.A. DIVORCED [Montgomery 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY Takoma Park Washington Adventist Hospital I.S. Postal Mail Carrier 13e.STREET ADDRESS / ZIP CODE 12904 Gaffney Road Montgomery Silver Spring Maryland 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Walter McClain, Sr. Broadway 166 SOCIAL SECURITY NO. 17 INFORMANT Silver Springs Maryland 16s WAS DECEASED EVER IN U.S. ARMED FORCES? 245-22-9639 Mable Eloise McClain, wife, 12904 Gaffney Rd. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, il any, which gave rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY AT HOME STREET, FACTORY OFFICE FARM ETC) STATE WHILE NOT WHILE 22a I certify that (1) (this hospital) attended the deceased from and that in (my) (aur) apinion death occurred on the date and have and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR STAFF DIRECTOR PHYSICIAN 23a BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY Dan. 22, 1986 Fort Lincoln Brentwood

15 BATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4) 24 FUNERAL DIRECTOMCGuire Funeral Service. Inc.

7400 Georgia Ave. NW, Washington, DC2001

	STATE OF M	ARYLAND	R
DEPARTMENT	OF HEALTH	AND MENTAL	HYGIENE

016114	1.	FOR STATE REGISTRAR			DEPARTN		EALTH AND MENTAL HYC	GIENE REG. NO.	6 4 6	
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y the ho yy the ho RAL DIRE detoched detoched tote Dept		Donal	19.	Del	- mo		PHYSICIAN/X	MEDICAL STAFF DIRECTOR PHYSICIAN		an 86
to Hospii	11	22d. PHYSICIAN'S NA		Dillon	, M.D.		2901 Olney-S	andy Spring Rd.	, Olney	, Ma.
9999 BP 99		BURIAL, CREMATION, I	REMOVAL				of Heaven	23d LOCATION CITY OR TOWN Valhalla.	New York	STATE

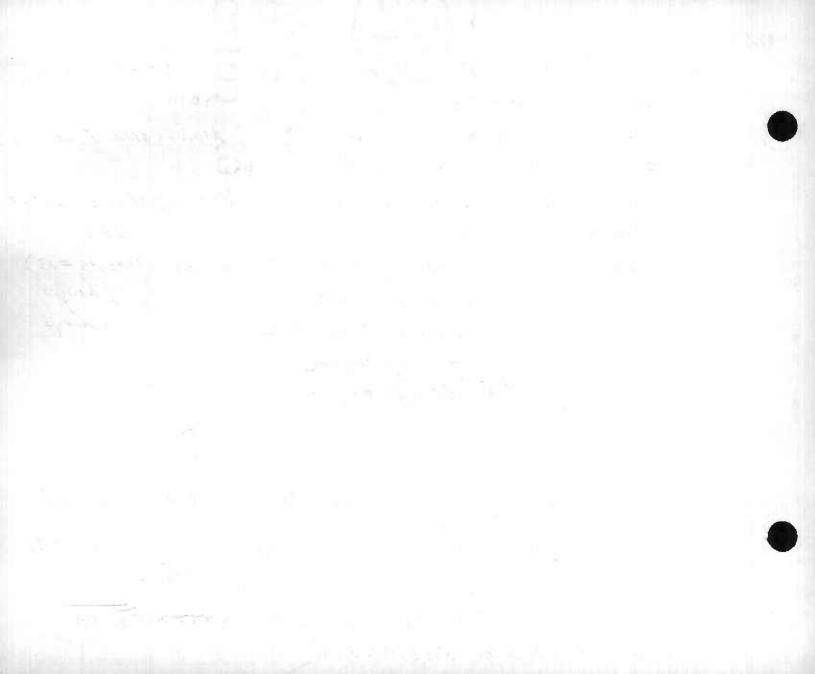
DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR Molesworth, P.A., AD Damascus, Md.

Valhalla, New York

25d. DATE REC'D. BY REGISTRAN 25b. REGISTRAN'S SIGNATURE

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DHMH - 16 60M 7/84 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL

BURIAL

24 FUNERAL DIRECTOR FRANCIS J. COLLINS. JR. 500 UNIV. BLVD. W., SILVER SPRING. MD. 20901

JAN. 27, '86 GATE OF HEAVEN

23c NAME OF CEMETERY OR CREMATORY

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Splie Davidson-Randell

2b HOUR

NATTONAS NESS OR

ROAD

COUNTY

22c. DATE SIGNED

JAN. 24. 1986

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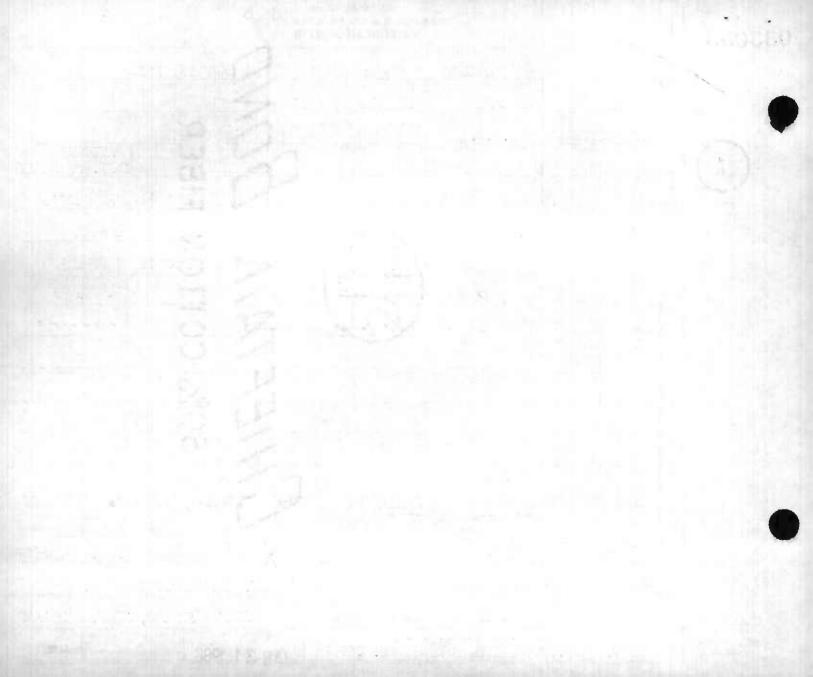
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9:05 AM

IF UNDER 24 HRS

SILVER SPRING, MONT. MARYLAND



STATE OF MARYLAND	6-
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	U
CEDTIFICATE OF DEATH	

031207	1	FOR - STATE REGISTRAR		DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH	IENE 6 C	2 4	2	4
2 24	1. DE	CEASED NAME FIRSTV	irginia Mi	DIE E.	Mc	McGuire / / / / / /	1—	16 DAY	86	330 M
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		James	P.	Ribble	TOTAL CONTRACTOR	15. MOTHER'S MAIDEN NAM	WIDDLE		(Unav	ailable)
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DHMH - 16 60M 7/84		UNERAL DIRECTOR	1 Samuian	ADDRESS	Ohumal	250 DATE	REC'D. BY REGISTRAR	THE REGISTRAN	SSIGNATU	RE MORE

Capitol Funeral Service, Falls Church, VA

DHMH - 16 60M 7/84 (VRA 15, 4)

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DHMH - 16 60M 7/B4 (VRA 15, 4) THE FUNERAL DIRECTOR Francis J. Collins Ir. 500 University Blvd., W. Silver Spring, Md.

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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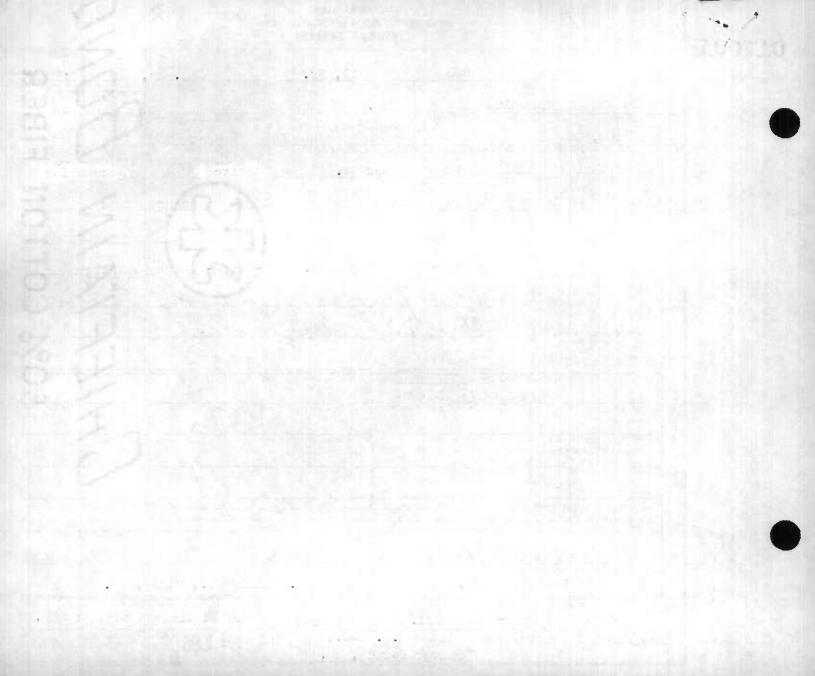
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGTENE

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CAMODAL	1	STATE REGISTRAR				CERTIF	CATE OF	DEATH		REG. NO)		
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7 € £ # 3 ₹	23o E	URIAL, CREMATION	, REMOVAL	23b DATE		NAME OF C			23d. LOC			COUNTY	
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DHMH - 16 60M 7/84 (VRA 15, 4)

> Hines/Rinaldi Funeral Home 11800 N.H. Ave., Silver Spring, Md.



STATE OF MARYLAND

Washington National

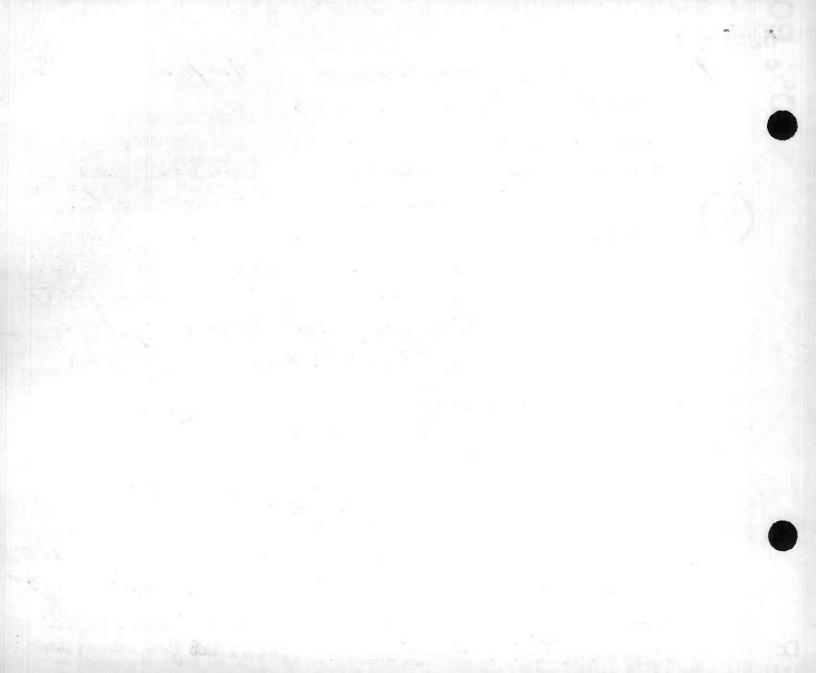
24 FUNERAL DIRECTOR Francis J. Collins Jr.

500 University Blvd. W. Silver Spring.

Suitland Pr. Geo. Maruland

Gunic Burkhow - Minghall

DHMH - 16 50M 4/83 (VRA 15, 4)



	FOR	
-	STATE	
	REGISTRAR	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR					ICATE OF	DEATH	REG.	NO.			
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	18 CAUSE OF DEAT PART I. DEATH W		BY:	CAP	DIAC	ARK	1651			S /	NIMATE INTER	VAL DEATH
П			DUE TO OF	AS A CONICEONIE	100.00							

18 CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSE IMMEDIAT	ly ane cause per line fai (a), (b), and (c) BY: E CAUSE (a) OARDIAC ARLEST	BETWEEN ONSET AND DEATH
Canditians, if any, which gave rise to immediate	DUE TO, OR AS A SONSEQUENCE OF TIVE HEART FAILURE	1 YEAR
cause (a), stating the underlying cause last.	DUE TO, OR AS A GONSEQUENCE DE PHIC CARDIOMY OF A THEY	3 YEARS

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG

190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO F 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M

21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION STREET CITY OR TOWN COUNTY AT HOME STREET FACTORY, OFFICE FARM, ETC) STATE NOT WHILE 1) this hospital) attended the deceased fram 220 I certify that/

(aur) apinian death accurred an the date and have and Iram the causes stated

ATTENDING PHYSICIAN MEDICAL STAFF DIRECTOR PHYSICIAN 22e ADDRESS

23d LOCATION

DHMH - 16 60M 7/84

BETH DAVID CEM

ELMONT

STATE

389 11/1

DIVISION OF VITAL RECORDS, 201

028158

STATE OF MARYLAND	8 6
STATE OF MARYLAND EPARTMENT OF HEALTH AND MENTAL	HYGIENE
CEDTIFICATE OF DEATH	

	- STATE REGISTRAR	CERTI	ICATE OF DEATH	REG. NO.	
	1. DECEASED NAME FIRST		LAST	26. DATE OF DEATH MONTH	DAY YEAR 26 HOUR A
	GWYNN		MICHAEL		19 86 5:00 M
ı	3. SEX Female	Caucasian 5. DATE 6	H DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATE HOURS MIN.
		CITIZEN OF WHAT COUNTRY?		7.5 YE BALTIMORE CITY OR COU	
2	COUNTRY) Virginia	USA WIDOW		Montgoine	ery County MD
1	7	NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 44 Quince Orchar	d Blvd.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK IN Statisticia)	n 12h KIND OF BUSINESS OR INDUSTRY Dept. Commerce
2	130 STATE 136 COUNTY	HER INSTITUTION GIVE BUTTLE NCE BEFORE ADMISSION] OMERY Gaithersbu	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP C 744 Quince	op#202 / 20879 Orchard Blvd.
6	Ottmer Birds		Mary	Annie	Stoutamire
N. Committee	160 WAS DECEASED EVER IN U.S. ARMEI (YES NO OR UNKNOWN) (IF YES GIVE W.	/AR OR DATES)	Joanna Myei	476 Mano s, Seymour,	
	PART I. DEATH WAS CAUSED B IMMEDIATE C Conditions, if ony, which gave rise to immediate cause lal, stating the underlying cause lost PART 2 OTHER SIGNIFICANT CON	ane cause per fine far (a), (b), and (c) BY: CAUSE (a). Cancer of DUE TO, OR AS A CONSEQUENCE OF (b). DUE TO, OR AS A CONSEQUENCE OF (c). NDITIONS CONTRIBUTING TO DEATH BU		pable Metasta:	
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED		F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \(\) NO \(\)
i	OR COLUMNIA IS CAUSE OF DEALTH	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCURE	ED (ENTER NATURE OF INJURY IN ITEN	n 18 PART I OR PART 2)
	OF CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED WHILE NOT WHILE ALL YORK ALL YORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	220.1 certify that (1) (this hospital) saw the deceased always abave, (1) (we) (did) (did ng) iv	1-17	, 19	to I-19 death occurred on the date and	haur and from the causes stated

23c NAME OF CEMETERY OR CREMATORY

HALLICK M.D.

22e ADDRESS

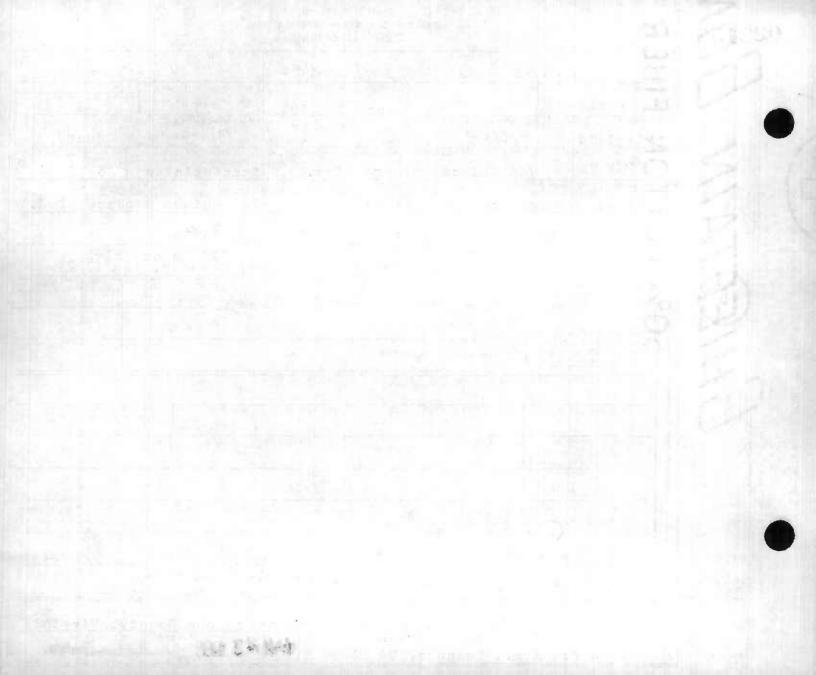
DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT. If he

23a BURIAL, CREMATION, REMOVAL 23b. DATE Burial 1-27 SPECIFY Burial 1-27-86 Tombstone Cemetery Roanoke
14 FUNERAL DIRECTOR Oakey Funeral Service 15 PAIE FEED BY REGISTRA

W. Church Ave., Roanoke, VA 24007

County, Virginia



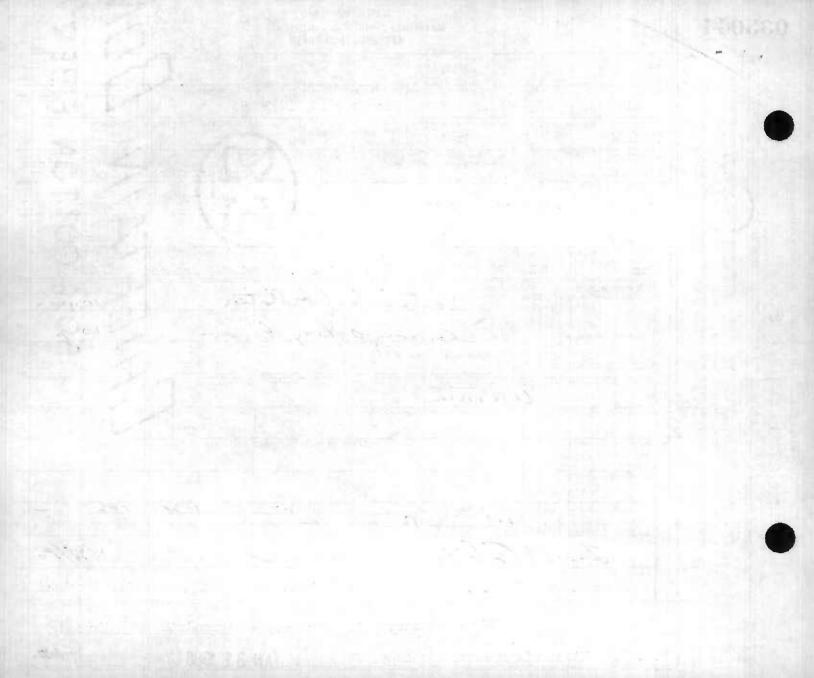
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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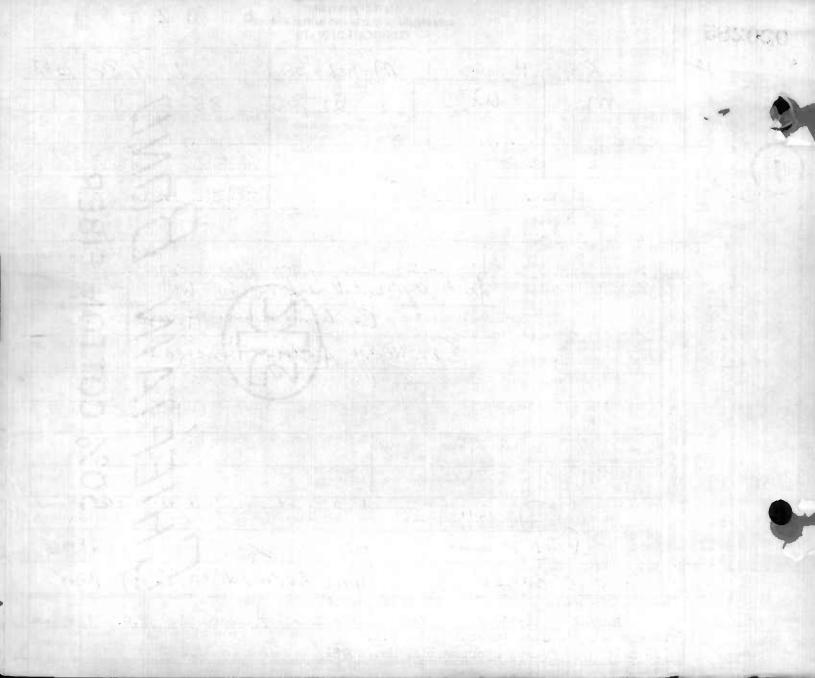
1	REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO					
	CEASED NAME	FIRST		MIDDLE	L	AST .	20 DATE OF D		ONTH	DAY YEAR	26 HOUR		
1	21~04	Iames			Mi	chael		.Tan	28.	1986	8:582		
3.56			4 RACE		5 DATE C	OF BIRTH	6 AGE INYEA	ARS LAST BIRTH	IDAY)	# UNDER ! YEAR	IF UNDER 24 HRS		
	Male		White	9	Dece	mber 18, 1892	93 _{YRS}			DATS	MIN.		
	RTHPLACE (STATE OR	OREIGN		WHAT COUNTRY?	8 MADDIE	D NEVER MARRIED	9 BALTIMOR	E CITY OR	COUNT	Y OF DEATH	1.150		
I	Ilinois		United	States	WIDOWE		Mo	ntaar	10177	County	ME		
0 C	TY OR TOWN OF DEA Bethesda	ATH	(IF NOT IN SUC	HOSPITAL, NURSING HEACILITY, GIVE STREET A	ADDRESS)	DR OTHER INSTITUTION	120 USUAL OF OTYPE OF WORK F Manufa	CCUPATIO	WORKING LI	IZB. KIND O INDUSTRYA	F BUSINESS OR merican ompany		
USU.	AL RESIDENCE IF NURS	ING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	13d INSIDE CITY LIMITS?	13e.STREET AD	DDDESS /	710 000				
Ma	ryland		gomery	Bethesda		YES NO K	9206 B	Bulls	Run	Parkway	20817		
	THER'S NAME	-	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM		MIDDLE			Table 1115		
	Alfred		MIDDLE	Michae	1	Maria		WIDDLE		Aro	n		
	VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT (Daug	hter)	ADDRES	206	Bulls R	un Pky		
	Yes	WW.		252-09-0	565	Elaine M. Fa				, MD 20			
	II CAUSE OF DEAT	H Enter or	nly one couse per	ane cause per line far (a), 1b, and (c)					1				
×	PART I. DEATH W	D BY: TE CAUSE (a)	Vantreales /brills			ten			10	10 min			
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B	Conditions, if any,	DUE 10, O	R AS A CONSEQUE	inco			10	4.					
	gove rise to immediate			R AS A CONSEQUENCE OF							V		
	underlying cause	DUE 10, O	R AS A CONSEQUE	NCE OF									
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)												
S O													
IFICATION	190 DATE OF OPERA	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOP	SY?	20b. IF YE	S, WERE FINDIN	IGS USED			
FE						YES	NOXX		FYING CAUSES	OF DEATH?			
CERT	210. ACCIDENT WAS UND	DERLYING T	216 TIME C			216 HOW INJURY OCCURR							
AL	OR CONTRIBUTING		4114	M. MONTH DA	Y YEAR								
MEDIC				M. OF INJURY									
ME	MINISTER NOT WE	LAT HOME STE	OF INJURY REEL FACTORY, OFFICE FARM ETC.) 211 LOCATION STREET				CITY OR TOW	COUNTY	COUNTY STATE				
					2007	1		1/5	-	. 01			
	220 I certify that (1) (this hospital) attended the deceased from 19 19 10 to 19 10 that (1) (wettost saw the deceased alive an 19 10 and that in (my become appropriate death accurred on the date and hour and from the courses stated												
	obove, (I) (we) (did) (did not) view the body after death												
	22b. SIGNATURE		10	12.	DEGREE ATTENDING A			MEDICAL STAFF			221 DATE SIGNED		
	PHYSICIAN DIRECTOR PHYSICIAN								AN 🗌	1/20/56			
						22e ADDRESS		. n	. 1	1			
	Lewis N	. Can				5411 Cedar L	ane #20)2, Be	ethes	da, Mar	yland		
	URIAL, CREMATION,	REMOVAL	23b. DATE	1986 23c N	IAME OF C	EMETERY OR CREMATORY	23d. LOCAT						
	remation		Januar		ropo	litan Cremator	Alex	andri	a	Vire	inia		
24 F	INERAL DIRECTOR	ROBER	r A. PUN	PHREY FUN	VERAL	HOMES. 250. DATE	REC'D. BY REC	GISTRAR 2	Sh REGIS	TRAR'S SIGNAT			
P.	A. 7557 W	iscon	sin Aver	ue. Bethe	esda.	MD IA	M 31 1	QRR .	ملدندي	Davidson-1	gandell.		
						JA	TH VIII		1		•		

DHMH - 16 60M 7/84 (VRA 15, 4)



044011	FOR STATE REGISTRAR	t	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN? CERTIFICATE OF DEATH REG. NO.									
n ne	ITYPE OR PRINTS	RST MIDDLE	nast nast	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR							
4 6 d	3. SEX	AUL O.R	S. DATE OF BIRTH	SY. JAN-	30 86 2043 PM							
do.	Male	White		1887 98 YRS.	MONTHS DAYS HOURS MIN.							
1 11 00	To BIRTHPLACE (STATE OR FORE			- P BALTIMORE CITY OR COUNT	Y OF DEATH							
1 1176	Germany	U.S.A.	WIDOWED DIVORO	ED 🗆 Mo								
1 11 9	M CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, O	, NURSING HOME OR OTHER INSTITUT	TYPE OF WORK FOR MOST OF WORKING	172b. KIND OF BUSINESS OR INDUSTRY Self-Employed							
00 1 4	Rockville	HOME OR OTHER INSTITUTION GIVE RESIDE	E ADVENTIST HOSPI		perr-pubroled							
S T T			thersburg YES I NO		ridge Dr. (20878)							
1 15 16	14 FATHER'S NAME FIRST	MIDDLE	LAST 15. MOTHER'S MA		LAST							
1 100		nknown U.S. ARMED FORCES? 166 SOC	IAL SECURITY NO. 17 INFORMANT	Unknown								
80 1 7 1/1		FYES, GIVE WAR OR DATES)		Micheel.Jr.								
		inter only one cause per line for a		THOREET, OF.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH							
Bother Breeze		MEDIATE CAUSE (a)	unace of an	r touluse	29 hours							
SESTO deuts articum		DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate										
1 W. 9 that the thorate to the count		couse o), storing the underlying couse lost. (c) DUE TO, OR AS A SINE CHECKE OF Shock										
RDS, 20 equires or signed Then ple or to burn rejery, o	PART 2 OTHER SIGNIFI	CAPIT CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE OR CONDITION G	IVEN IN PART TO							
M. RECO	190 DATE OF OPERATIO	A - 196 CONDITION FOI	WHICH OPERATION WAS PERFORMED	INCERT	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO							
F VIII	210. ACCIDENT WAS UNDERLOR CONTRIBUTING CAU		NTH DAY YEAR 21c HOW INJURY	OCCURRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)							
ON CHEST	21d INJURY OCCURRED	21e. PLACE OF INJUR										
MISS OF THE PARTY	WHILE AT WORK	(AT HOME STREET, FACTOR	Y OFFICE FARM ETC) STREET	CITY OR TOWN	COUNTY STATE							
IND PARTY AND PA		s hospital) attended the decease	Wiles I	26 to 1130	, 19, that (I) (we) last							
A ATTH Booght of A CA	above II / ded	did not view the body after dear	J, and that in (my) (aur)	apinian death accurred an the date and ha								
A D M D M D M D M D M D M D M D M D M D	228. SIGNATORE	Masson	ATTEN	DING MEDICAL STAFF	1 30 St							
HOSPIT.	22d. PHYSICIAN'S NAME	PASSI M.	D = 220 ADDRESS /	4812 Physian.	In Pochalle							
5 6 5 8 4 3 T	230. BURIAL, CREMATION, REA		23c. NAME OF CEMETERY OR CREM	ATORY 23d LOCATION	COUNTY STATE							
BP	(SPECIFY) Cremation		Lee's Crematory	Washington, D). C.							
DHMH - 16 50M 4/82 (VRA 15, 4)	Garther Sand	ison F.H. Gait	16 E. Diamond Ave. hersburg, Md. 20877	250. DATE REC'D. BY REGISTRAR 250. REGISTRA COMMENTAR CO	STRAR'S SIGNATURE							

STATE OF MARYLAND



ESSAR, PLEASE LIBRAT DIRECTOR. OF YOUR FILES. WITHIN 22 HOURS PREET.	1. DEC (TYPE	EGISTRAR EASED NAME RONAL RONAL RONAL RACE THPLACE (STATE OR ERROLD ON THE PROPERTY AND T	i	6. AGE (IN YEARS IF U MON 1942 49 YRS.	RIED NEVER MARRI	OF ESTI- DEATH MATED 24 HRS. 2c. DATE PRONOUNCED DEAD 9 BALTIMORE CITY OR	1 17 86 6 30 AM MONTH DAY YEAR 24 HOUR 1 17 86 6 30 AM COUNTY OF DEATH				
V PERK IS NE 3 3 10 THEFUN AND PAGE IN	III ČIT Ro	Y OR TOWN OF DEATH OCKVILLE RESIDENCE (IF IN NURSING HOME)	II. NAME OF HOS	SPITAL, NURSING HOME, OR OT	ital	120 USUAL OCCUPATION (TYPE OF FOR MOST OF WORKING LIFE) Technician	(TYPE OF WORK 12b KIND OF BUSINESS OR INDUSTRY Computer Co.				
BALTIMORE, MD. 21201 S AFTER DEATH IF ANY GIVE PAGES 1, 2, ANG- THE FORM PM, 3, BETA PAGES T AND 2 PFC MISION OF VITA AREA	T4 FA	THER'S NAME FIRST ALEXANDER AS DECEASED EVER IN U.S. A	MIDDLE RMED FORCES? E WAR OR DATES!	Michalowski 166. SOCIAL SECURITY NO. 219 38 8454	13. MOTHER'S MAIDEN NAME Sophie 17. INFORMANT Sophie Michalowski (Mother) 9 N. Marlyn						
L RECORDS, 201 W. PRESTON ST., ULD BE EXECUTED WITHIN 2. HOUSE "PENDING" IN PENCIL INTEN 38 F. MEDICAL EXAMINE! ALCASA F. MEDICAL EXAMINE! ALCASA F. MEDITH AND MENIAL INGENE EXCREMATION, OR RESONAND	NOI	APPROXIMATE INTERVAL PART I DEATH (Enter only one couse per line for (a), (b), ond (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate couse (a) storting the under- lying couse lost. Cardio Regionate interval BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING ID DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 10.									
DIVISION OF VITAL RECC THIS CERTIFICATE SHOULD BE WARDED TO THE CHIEF MED PAGE 3 SHOULD BE USED AS, TRAIT DEPARTMENT OF HEALTH 21201 PRIOR TO BURRIACKE	EDICAL C	198. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED? 218. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 216. INJURY OCCURRED WHILE NOT WHILE AT WORK 198. CONDITION FOR WHICH OPERATION WAS PERFORMED? 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 1									
TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE SI BALTIMORE, MARYLAND, 2		22a. I certify that I took characteristics and the support of the	bhn	cribed obove, held on Auto Accident , Suicide .	nspection Inspection Inspection Inspection ADDRESS	Undetermined monner , MEDICAL EXAMINER	DATE 1-17-86 SIGNED Ma. AUR Bethood				
07/84 BP	73,40	RIAL CREMATION, REMOVAL SULTSAL SEEM DIRECTOR Zdzinski Funer	1/20/86	Holy Trinity	R.O. Cemet	ery Howard Cou	and the second s				

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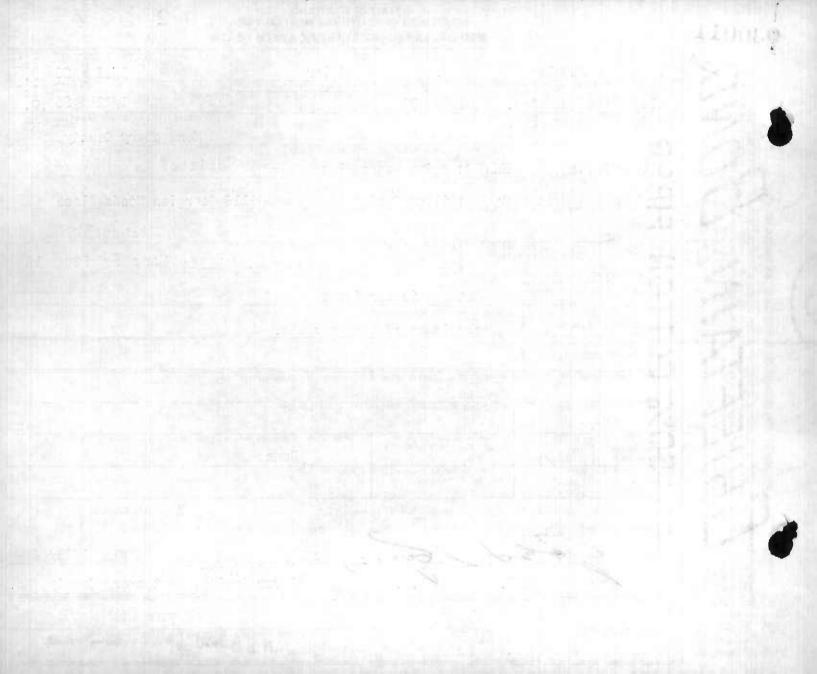
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CHAMBERS CO. INC.

(VRA 15, 4)

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0.	30011		REGISTRAR		M		EXAMINE	ER'S C	ERTIFIC	ATE O	F DEA	TH	REG. N	10.			
	AA		EASED NAME			WIDDLE		Ub	LAST		2	OF DATE	KNOWN ESTI-	X) MOI	NTH D.	AY YEAR	25 HQU
	LES S.			Stanle	<u> </u>	N.			iller			OF DEATH	MATED		1/22	1986	P.
	S NECESSARY, PLEASE FUNERAL DIRECTOR. E 5 FOR YOUR FILES. D. WITHIN 72 HOURS VARESTON STREET	3. 5EX		RACE	S. DATE OF BIRT	Y YEAR	6 AGE (IN YEAR			HOURS 2		C. DATE	CED	MON		AY YEAR	11:14
	YOUN YOU	Ma	THPLACE (ST)	White	Apr. 15	, 1914	71 YRS	5.				DEAD	ORE CITY		1/22	1986	P. /
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	E S NEC S E S FO		Y OR TOWN C		II. NAME OF H						12a USU/	AL OCCUP	ntgo		ORK 12h	KIND OF BU	
1	グサる円を	S	ilver S	pring	2116	Georgi	ian Woo	ds P	lace	200	Pip	efit	ter		De	rense	SY.
10	ANY DELY AND 3 TO RETAIN P FOUID BE ECOPDS	I SUA		IF IN NURSING HOME O	OR OTHER INSTITUTION	GIVE RESIDENCE	OR TOWN	NI	13d INSIDE CITY	Y LIMITS?	13e STREI	ET ADDRÉ	SS	1		090	17
رق ا	るとかる形と	100	ryland	Mont	gomery	Silv	ver Spr	ing	YES 🗌	NO X	2116	Geor	gian	Woo	ods	Place	and .
å	1403-F		John		MIDDLE	M.	USL		15 MOTHER			MI	DOLE			LAST	
ORE	W P P			EVER IN U.S. AR	MED FORCES		Miller Tibb SOCIAL SECURITY NO.		Annie M 17. INFORMANTSON ADDRES:			Milaszenki					
TIM	S AFTER DE GIVE PAGES VITH FORM I PAGES 1 AN	(Yi	NO OR UNKNOV	VN) (IF YES, GIVE	WAR OR DATES)		18-47		Stan1			;]] a			as	item	13
¥ .	JRS AFTER 8. GIVE PA WITH FOR DIVISION							0.5	ocani	LCy I	. 11	1116	1			APPROXIMATE	INTERVAL
Z ST.	MA 18 NE, INE,	- 1	18 CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Metastatic carcinoma									-	BETWEEN ONSET	AND DE ATH			
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	ろからトスの	10	cause (a) stating the <u>under-lying couse last.</u> DUE TO, OR AS A CONSEQUENCE OF														
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ORD	MERAIS	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)														
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OF V	THE CATE STATE OF THE CATE STA	CERI	210. EXTERNAL	L CAUSE WAS		OF INJURY	DAY YEAR	21c. HC	OW INJURY O	OCCURRED	(ENTER NA	ATURE OF INJ	URY IN ITEM 1	8 PART 1 C	OR PART 2)		
NO	OR TO THE OR TANK	CAL	UNDERLYING CONTRIBUTIN	IG CAUSE OF	DEATH P	.M.	19			None							
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۵	THIS WAR PAGE 120		AT WORK	AT WORK			133			1-11-							
,	POR HES		22a. I certify	y that I toak charg	-14	described obo	ve, held on	Autap	sy 🔲.	Inspection		Inquiry	X	nd in m	y opinio	n	
	L EXAMINER: E CERTIFICATE DUID BE FOR: L DIRECTOR: H, WITH THE S MARYLAND,		death resulte	d fram: Notur	ral couses X,	Accident	L, Suic	ide 📙	, Homicic		Undeter	mined mo	nner				
	WAY WAY		ACTUAL	6.15	to f	11	~		Depu					DA	ATE GNED	1/23/	86
	SEATING ORE,		SIGNATURE_				The	3 M	1	919 S	emin	ary F	load				
	TO MEDICAL EXAMINER EXECUTE THE CERTIFICAT PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR AFTER DEATH, WITH THE BALLIMORE, MARYLAND		EXAMINERS IN		hn S. Ro		M.D.		ADDRESS_S	ilver	Spr	ing,	Mont	gome	ery (County	, Md.
	53 4 5 F 8	23a.Bl	IRIAL, CREMAT	1 ION, REMOVAL 2	36 DATE Jan	. 23c N	NAME OF CEM	ETERY O	RCREMATOR	RY	23d LOC	ATION TOWN 1	1	A.T.	COUNTY -	7 - 1 ST	ATE
07/84 25M	BP					and the second second			Cemet	1			, ,			York st	
	DHMH - 17	PA	NAME 557	Wisc	T A. P. Ave.,	MPHRE	Y FUN	ERAI	HOM	E SATE RI	28	1980 A	ZSB REC	SISTRAR	SSIGN	Tionda 32	
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		Film G612 item 1,		STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL RY	GIEN 0 2 4	38
024154	1.	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
noy be	I. DE	CEASED NAME FIRST	columbus Molley sr.			1986 353 M
moy . pog	3. SE	(4 RACE	S. DATE OF BIRTH		IF UNDER LYEAR IF UNDER 24 HRS.
ge 4		Male	Negro	Apr 27, 1909	76 years YRS.	
1 2 de 1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
deot deot		orgia	U. S. A.	WIDOWED DIVORCED	Montgomery Cou	
A wind		TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STE		12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS OR INDUSTRY
201		lver Spring	Holy Cross Ho			12666
AND 21:	130. S	TATE 13b. COU	UNITY 13c CITY OR TO Washin	OWN 134 INSIDE CITY LIMITS?	13e STREET ADDRESS 1116 Northgate R	Sad. N. W.
ARY d with d 2		Lumbus	MOLLEY	FIRST	Butler	LAST
E. M.	16n. V	VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SE			Washington, DC
MOR Poge	(2	(IF YES, GI	362-10-	7518 Arneta G. Mo	lley, Wife, 1416	Northgate Rd., NW
requires that the dear certificates signed by the anti-sing prince. Then please remove subandon prito burial, cremation, anti-private anti-private straumatic event, it	rion	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSECTION OF THE CONTRIBUTIONS CONTRIBUTING TO CONTRIBUTIONS TO CONTR	QUENCE OF COVERNO QUENCE OF COV		
AL RECC	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATION WAS PERFORMED	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
OF VITT. CLAN: T p physici errificate ial-transi		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINE	EATH HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18, PA	IRT 1 OR PART 2)
NG PHYSICIAN: The law requirenting physician. Iter this certificate has been signs the burial-transit permit. The hand Mental Hygiene prior to layed or tem. 18 storys any injury	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	211 LOCATION	CITY OR TOWN	COUNTY STATE
TTENDIN pital or CTOR: Af for use a of Health		saw the deceased alive a	pital) attended the deceased from	m // 26 , 19 80) (aur) apinian	n death accurred an the date and haur	19, the (D) we) last r and from the causes stated
ALOR A the hos ALDIREC detoched detoched detoched detoched detoched detoched detoched detoched detoched detoched detoched detoched		22h SIGNATURE	Under	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1/12/86
O HOSPITAL TO FUNERAL should be det with the State		72d PHYSICIAN'S NAME (TYPE	Smhau M	1D 8805 (nn. Ave, Che	y Chase, Mil
199609	23a. E	URIAL, CREMATION, REMOVA SPECIFY BURIAL		RENAME OF CEMETERY OF CREMATORY Fort Lincolr Cemete:	L CITY OF LOWN	COUNTY STATE
DHMH - 16 25M		INERAL DIRECTOR		11132 Your St 35,250. DA	TY DIENGWOOD MAY	RAR'S SIGNATURE
(VR A 15 (4)) 9/74	W	. Ernest Jarvi	s Co., Inc., Wa	shington,	2'0 1000 A . K.	Dorland.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO	0.	1	
	CEASED NAME E OR PRINT)	Louis .	2,	bram	-	nsheimer nsheimer	Janua		2, 1985	186	8 HOPP
3. SE.	× Male	4	RACE Whi	te	5. DATE C	^{выктн} iber 10, 1916	6 AGE (IN YEARS	CAST BIR	100	Ungen Has	
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	RTHPLACE (STATE COUNTRY) W YORK	E OR FOREIGN 7	U.S.A		MARRIEI WIDOWE	NEVER MARRIED DIVORCED	P BALTIMORE		mery O		MD
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	at residence (#	Month		Silver		INSIDE CHY LIMITS?	13. STEE 4 OF	RESS	sset T	ane	20906
14 FA	Leopo	Lđ "	DDIE MO	nsheime	r	Adele FRST	M	IDDLE		Barr'	
(VAS DECEASED E			062-05-		Way, Silver				2090 2090	
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	gave rise to cause (0), s underlying co	immediate tating the	DUE TO, OR A	S A CONSEOU	di minus						
z	PART 2 OTHER	SIGNIFICANT CO	NDITIONS CON	TRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE O	RCON	DITION GIVEN	IN PART 1	110
CERTIFICATION	190 DATE OF OP	ERATION	196 CONDITIO	ON FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPS	V?	20b. IF YES, V IN CERTIFY!! YES		INGS USED IS OF DEATH?
		CAUSE OF DEATH	216 TIME OF IT HOUR A.M. P.M.	MONTH D	AY YEAR	216 HOW INJURY OCCU	RRED (ENTERNATURE	OF INJUR	RY IN ILEM IB PARI	OR PART 2)	
MEDICAL	WHILE NO	T WHILE T	21e PLACE OF	INJURY FACTORY, OFFICE,	FARM ETC }	211 LOCATION STREET	9	TY OR 10	NWN	COUNTY	STATE
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	HO	acece). B	our	Lei		MEDICAL DIRECTOR	STAF PHYSIC		326. DAT	Jan 86
	Hozace		ton, M.I).		4743 Bradle	y Blvd.,	Che	vy Cha	se, M	20815

DHMH - 16 60M 7/84

(VRA 15, 4)

MPORTANT

230 BURIAL, CREMATION, REMOVAL

Burial

(SPECIFY)

1/5/86

23b. DATE

23¢ NAME OF CEMETERY OR CREMATORY King David Mem. Gardens

Falls Church, Virginia

24 FUNERATONETA Gawler's Sons, Inc., 5130 Wisconsin 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Avenue, N.W., Washington, D.C.

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	resultation, confi		aemienano		k Lonco I

Corney C. Terrorn, I.E. Third or Coy Clvi., Howard Williams Rolling

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH 26 HOUR ICHARD MOORE FIELD 4. RACE (IN YEARS LAST BIRTHDAY) IF LINDER 1 YEAR 37 BIRTHPLACE (STATE OR FOREIGN **BALTIMORE CITY OR COUNTY OF DEATH** TE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED MONTGOMERY USA DIVORCED T WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION INDUSTRY AKOUNA PARK ELEVATOR MECHAN MOSPITA 136 COUNTY 130.STREET ADDRESS / ZIP CODE 1403 KEENE PLACE 13coCITY OR TOWN 136 INSIDE CITY LIMITS? 50W16 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Moorefield Dorothea Jones M. ADDRESS 103 Keene Place 17 INFORMANT 577-46-9395 Judith T. Moorefield Bowie, MD 20715 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for to), (b), and ic-PART I. DEATH WAS CAUSED BY. FAILURE KESPIRATOR IMMEDIATE CAUSE IO DUE TO, OR AS A CONSEQUENCE OF PNEUMONITES HSPIRATION Conditions, if any, which gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 MALNUTRITION ACRAL DECEBURUS FRONTAL 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED 200 AUTOPSY? , 1885 HRTERY NOM 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIFETHER NOTIFY MEDICAL EXAMINER PM 21d INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY LAT HOME STREET FACTORY OFFICE FARM ETC) CITY OR TOWN COUNTY STATE NOT WHILE MORGICUS 220 I certify that (I) (this hospital) attended the deceased from VAN CU , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c DATE SIGNED ATTENDING MEDICAL mo PHYSICIAN DIRECTOR PHYSICIAN

saw the deceased alive an. obove, (I) (we) (did) (did not) view the body after death, 226 SIGNATURE

MD JONES

22e ADDRESS 4801 WARS. AUG N.W. WASHINGTON

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation

CERTIFICATION

- STATE

LTYPE OR PRINT)

COUNTRY

130. STATE

mi

4 FATHER'S NAME

Walter

Virginia

REGISTRAR

1 DECEASED NAME

231 NAME OF CEMETERY OR CREMATORY

JAN 18.1986 Metropolitan Crematory Alexandria, Fairfax, Virginia

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

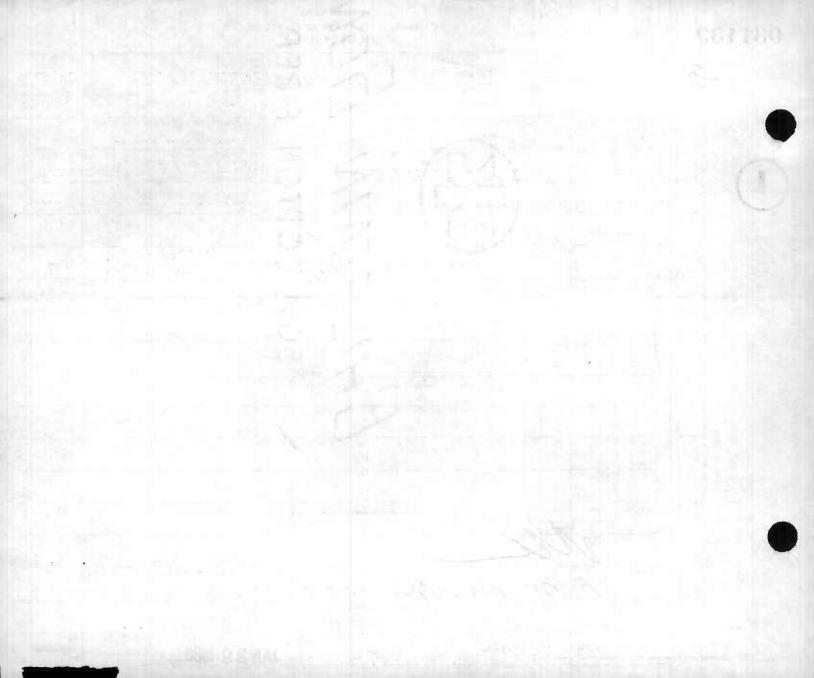
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16000 Annapolis Road 20715-3043 Bowie, MD

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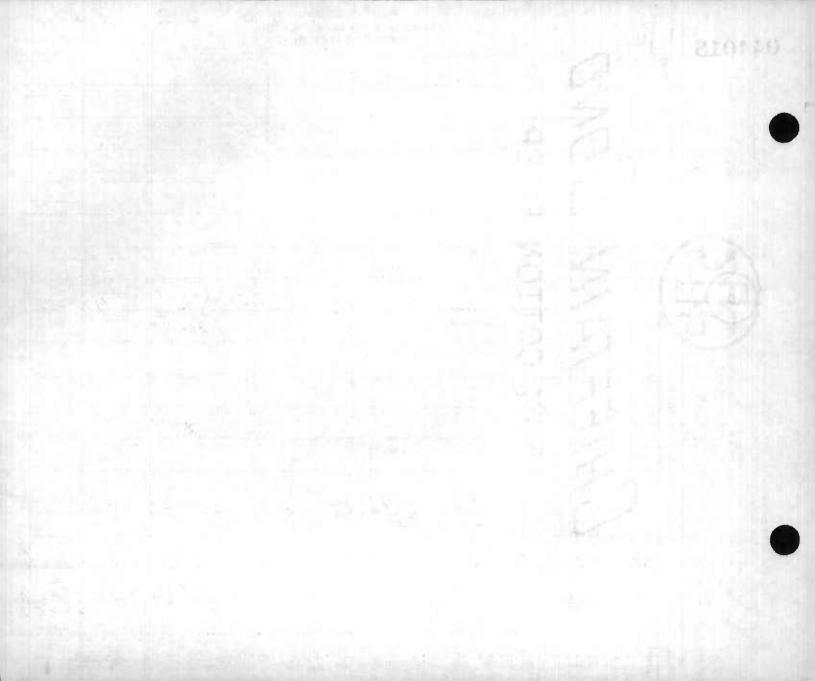
	STATE OF MARYLAND
	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENT
014066	- STATE REGISTRAR Elizabeth B. Muller CERTIFICATE OF DEATH REG. NO.
(DECEASED NAME
6 th 2	Elizabeth & mully 1/7/86 0740"
noy be poge 3	
fre- p	1. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS MONTH DAY YEAR MONTHS DAYS HOURS MIN.
ge decree	Temale MMC Oct. 9 1893 92 YRS.
Po dir	A RUITHPLACE 11 OF CITY OF COUNTY OF DEATH
nerol n 72	Maryland USA widowed & dworced Montgomery MD.
0 0 0	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 12b. KIND OF BUSINESS OR
out of the south	Gaithersburg Story Crove A Ventist Hespital Homemaker INDUSTRY
212	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVERESIDENCE RECOR ADMISSION)
N 2 1 20	Md. 136 COUNTY 136 INSIDE CITY LIMITS? 136 STREET ADDRESS / ZIP CODE 301 Russell Ave 209/0
MARYLA Markin	14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME
d war	Edward Lauterbach Carolino
i 5 8 7 4	Edward Lauterbach Caroline 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 160. SOCIAL SECURITY NO. 17. INFORMACOU Valleybrook SSDr. S. S. Md.
Poor a	(TES, NO OR UNKNOWN) (IF TES, GIVE WAR OR DATES)
Y O C E	None 579 01 5061 Harry G.Muller, Jr. (Son)
BAIL TO THE THE	18 CAUSE OF DEATH (Enter only one couse per // for only the and transport of the part I. DEATH WAS CAUSED BY:
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Z T T	DIFTO OR MACO POPENTEDE A T' LO MAN DE
ST	Conditions, if ony, which
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by by corp.	underlying couse lost. (c) DUE TO, OR AS A CONSEQUENCE OF MICHIGAN COURSE OF MICHIGAN C
ires t ires t n ple burio ry, or	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT MOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 110
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ON IS CO Burner And In Strain	214. INJURY OCCURRED 216. PLACE OF INJURY 211 LOCATION
DIVISION OF VITAL RECORD NG PHYSICIAN. The low requester this certificate has been a sost the buriol-transit permit. The though Mental Hygiene prior to and Mental Hygiene prior to orked or them 18 shows ony injicians.	WHILE NOT WHILE AT WORK AT WORK AT WORK AT WORK
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OR OR	sow the deceosed alive an and that in (my) (port) opinion death occurred on the date and hour and from the causes stated
ATECT Possible of the part of	obove, (I) (well (did) (did not) view the body differ death. 22b. SIGNATURE DEGREE 17b. DAH: SIGNAD
OR Dep	ATTENDING MEDICAL STAFF
PITAL by 11 ERAL State ANT:	PHYSICIAN DIRECTOR PHYSICIAN
HOSPITAL Sined by 1) FUNERAL Sould be det th the State	22d. PAYSICIAN'S NAME (TYPE OR PRINT)
TO HOSPITA etoined by TO FUNERA should be d with the Sto	Thos G. WARD, GIR NAMEMATOR, Althorn 2081)
55 - 2 5	23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION
BP	Cremation 1/10/86 Lee's Crematory Washington, D.C.
DHMH - 16 50M 4/83	24 FUNERAL DIRECTOR Hines/Rinaldi 11800 NewapHamp. Ave 1250 DATE REC'D. BY REGISTRAR' 25b. REGISTRAR'S SIGNATURE
(VRA 15, 4)	Hines/Rinardi 11800 New Manual JAN 1 1986
	Silver Spring, Md. JAN () 1900

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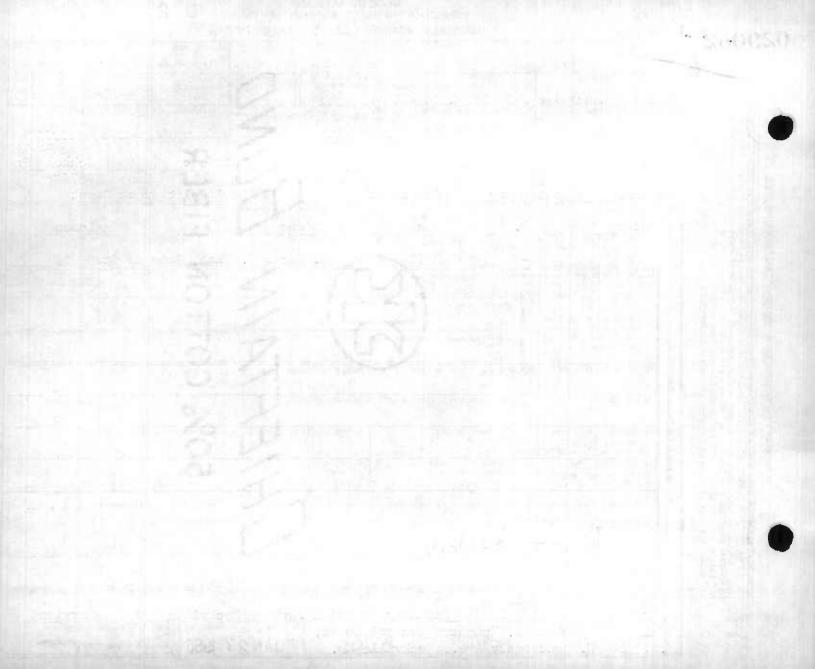
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63	Film G611 item 13c FOR 1/27/86 rja REGISTRAR	DEDARK	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	GIENE 0 2 4	1 4 4				
	I. DECEASED NAME FIRST	WIDDLE	LAS1		DAY YEAR 26 HOUR				
1/	(TYPE OR PRINT) George	Y Kibby	Munzon	11	1 86 T30 A				
N/	3 SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS				
1	MALE	Caucasian	May 15, 1893	92 YRS.	MONTHS DAYS HOURS MIN.				
201	70. BIRTHPLACE (STATE OR FOREIGN New York	Th CITIZEN OF WHAT COUNTRY? United States	MARRIED XX NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY					
Day 10	Petresda	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION TADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	126. KIND OF BUSINESS OR				
musebe	USUAL RESIDENCE (IF NURSING HOME OF 13th STATE 13th COU	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR	READMISSION) VNC 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 10121 Brink Ros	7500 meadows				
examine	14 FATHER'S NAME FIRST George	Munson	15 MOTHER'S MAIDEN NA FIRST Lena	WIDDIE	Unknown				
medico	160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	(Dau)		Brink Road n, Maryland				
r troumotic event, th	PART I. DEATH WAS CAUS	DUE TO, OR AS A CONSEOU	ac Arrest From Preymon!	9. bilateral	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
ws ony injury, or other	PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	conditions CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE JERN	200 AUTOPSY? 200 IF YES	, WERE FINDINGS USED YING CAUSES OF DEATH?				
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21 is morked	22a certify that (1) (this hosp	WHILE AT WORK AT WORK AT WORK AT WORK STREET FACTORY, OLUM FAMALY) STREET STREET CITY OR TOWN COUNTY STATE CITY OR TOWN COUNTY STATE 19 8 . to 19 8 . that (1) (we) loss saw the deceased drive on Saw the deceased alive on 19 8 . ond that in (my) (our) opinion death occurred on the date and hour and from the couses stated							
TANT. # Hem	200 Ces	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN'S NAME (LYPE OR PRINT) 224 ADDRESS DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DEFRECTOR PHYSICIAN DEFRE							
IMPORT	230 BURIAL CREMATION REMOVA	CONOMOS 1 123b. DATE January 23c	NAME OF CEMETERY OR CREMATORY	234 LOCATION	hington, D.C.				
- 1	(SPECIFY) Burial 24 FUNERAL DIRECTOR Robe:	15, 1986 Pa	rklawn Memorial Par	CITY OF TOWN	gomery Marylan RAR'S SIGNATURE				
7/84	P.A. 7557 Wiscons	ADDRESS							

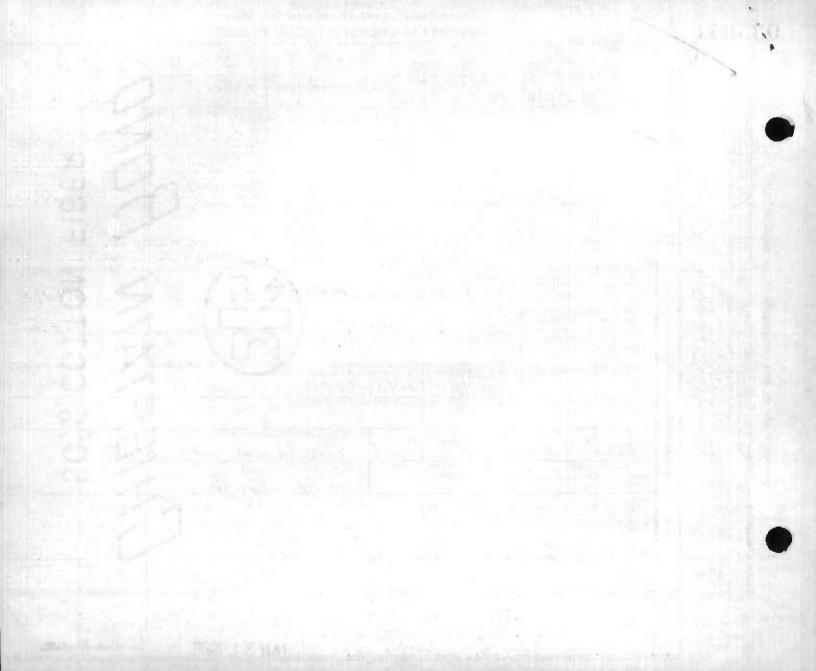
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STATE OF MARYLAND - STATE REGISTRAR 029052 DECEASED NAME 20. DATE KNOWN MONTH 1-20-86, Morgan DEATH MATED TAMARA 4 RACE 6 AGE IN YEARS IF UNDER 24 HRS DATE 2d HOUR (AST SIRTHDAY) PRONOUNCED 1-20-8610 3:05P Caucasian July 15, 1968 Female 1 7 YRS 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) New York United States WIDOWED . DIVORCED Nontigonery County IB CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE) OR INDUSTRY Rockville Student School. Shady Grove Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTIT Zip: 20878 113e STREET ADDRESS 13b. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? YES NO X 12601 Split Creek Court Gaithersburg Maryland Montgomery A FATHER'S NAME 15. MOTHER'S MAIDEN NAME Peter Nash Diane Engleson 17. INFORMANT 64. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS (IF YES, GIVE WAR OR DATES) 212-72-9684 Mr. Peter G. Nash, Same as item #13 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Multiple injuries IMMEDIATE CAUSE (o)___ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? AER: THIS CER.
ICATE, WRITING THE C.
E FORWARDED TO THE C.
TE PAGE 3 SHOULD BE UF
TE DEPARTMENT OF THE CONTROL OF T YES X NO [] 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 12:40PM 1-20-86 driver of a vheicle in collision with 211 another vehicle 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE AT WORK TO AT WORK PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARKLAND, 2187 street Dufief Mill Rd and Cuince Orchard Darnesand Road montows MG. 22a. I certify that I taak charge of the remains described above, held an Autapsy Natural causes Accident Undetermined manner TITLE (SPECIFY) M.D. Assistant MEDICAL EXAMINER EXAMINER'S NAME TYPE OR PRINT Margarita A. Korell, M. D. ADDRESS 230 BURIAL, CREMATION, REMOVAL 231 DATE 23d LOCATION COUNTY January 23 1986 Parklawn Memorial Park Burial Rockville Maryland 07/B4 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Robert A. Pumphrey Funeral Homes. **DHMH - 17** www. and woon-yundales (VR A15 ME (5)) 300 W. Montgomery Ave. Rockville MD.



STATE OF MARYLAND



STATE OF MARYLAND 027037 ECEASED NAME 20. DATE KNOWN TYPE OR PRINTI OF ESTI-AST BIRTHDAY IF UNDER 24 HRS DATE PRONOUNCED DEAD To BIRTHPLACE FOREIGN COUNTRY NEVER MARRIED Vermont WIDOWED A DIVORCED III. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Records Mngt. Officer Civil 20962 Maruland Montgomery Bilver Spring 10820 Georgia Avenue #302 15. MOTHER'S MAIDEN NAME Goodrich Della Campbell Abbott 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Son ADDRESS 10307 Duvawn Pl. I HE YES, GIVE WAR OR DATEST 122-30-5467 Robert I. Nevitt Silver Spring, Md. 20902 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 id. 20 AUTOPSY? (AT HOME 211 LOCATION WHILE AT WORK 220. I certify that I took charge of the remains described above, held an Hamicide Undetermined manner TITLE (SPECIFY) SIGNATURE MEDICAL EXAMINER John S. Rogers. M.D 1919 Seminary Road Silver Spring, Md. 230 BURIAL, CREMATION, REMOVAL 23b DATE 1/20/86 Parklawn Cemetery Burial Rockville Montgomery Maryland 07/84 25M 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Francis J. Callins. Jr. or door fandale. **DHMH - 17** (VR A15 ME (5)) 500 University Blud. W. Silver Spring, Md.

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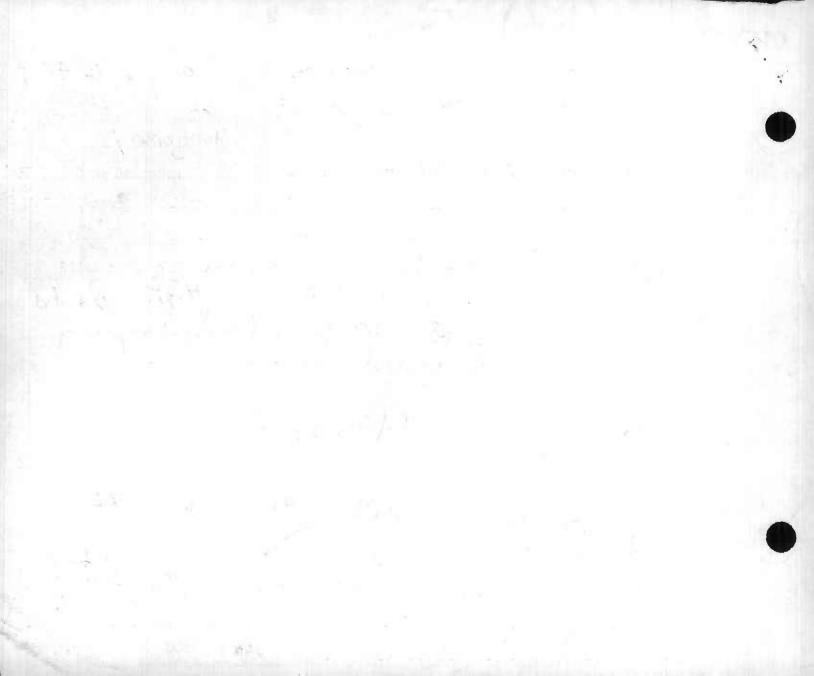
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INDUSTRY Navy Dept tion Specialis Marine Transports 13estreet Address / ZIP CODE 14000 Castle Boulevard #303 Hockey ADDRESS Wife Same as 13 CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? CITY OR TOWN COUNTY STATE that in (my) (our) opinion death accurred on the date and hour and from the causes stated DIRECTOR PHYSICIAN Burial 1/9/86 Gate of Heaven Silver Spring Montgomery Md. 24 FUNERAL DIRECTOR Francis J. Collins Jr. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 500 University Blvd. W. Silver Spring, Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

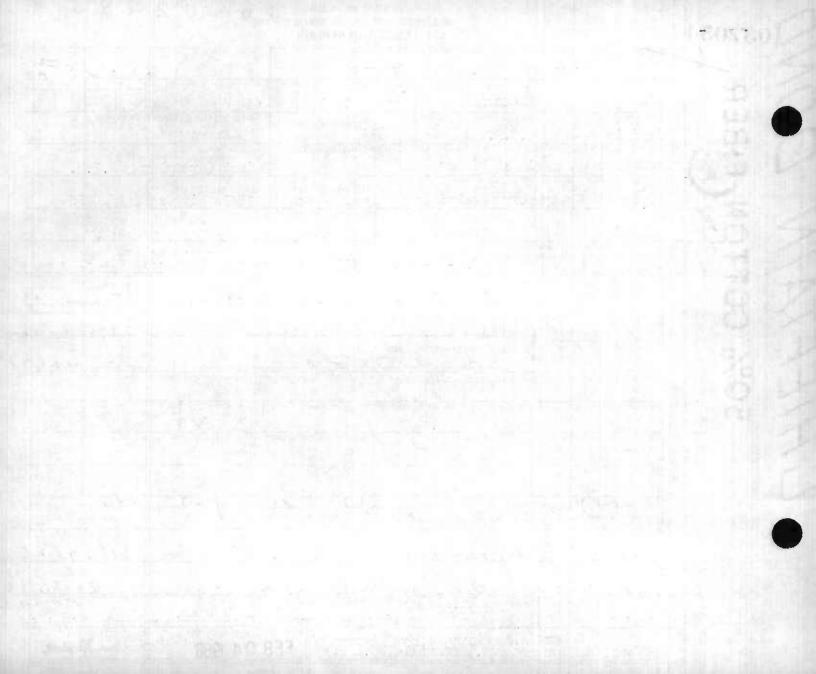
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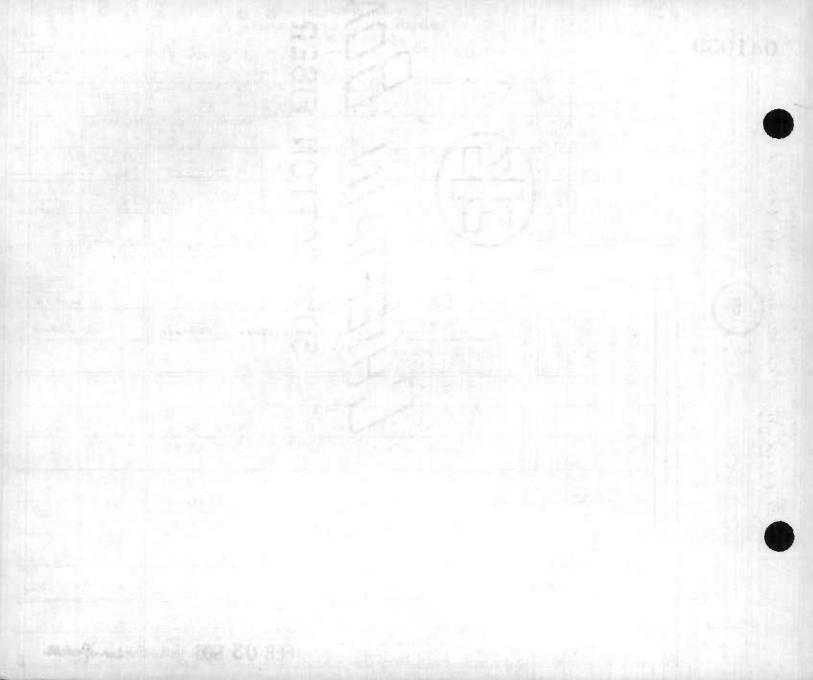
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STATE OF MARYLAND						
DEPARTMEN	TOFH	EALTH	AND	MENTAL	HY	

037054	1-	FOR STATE	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	Siene 0 2 4	. 5 3
001003		REGISTRAR			REG. NO.	
000		OR PRINT	WIDDLE	LAST	20. DATE OF DEATH MONTH DA	10
e e e	100	Robert	t L.	Osborne	1 27	8 6 8 AM
may er d	3 SE	(4 RACE	5. DATE OF BIRTH		UNDER I YEAR IF UNDER 24 HRS
ge 4	M	lale	Caucasian	May 7 1924	61 YRS	DNIHS DAYS HOURS MIN.
o 12 (8)		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIEDXX NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
leath	V	irginia	U.S.A.	WIDOWED DIVORCED	Montgomery	MD.
rs offer o	R	ockville	15618 Fields Ro		120 USUAL OCCUPATION (179E OF WORK FOR MOST OF WORKING LIFE) Animal Caretaker	126 KIND OF BUSINESS OR INDUSTRY N. I.H.
n 24 hou	130 S	laryland Mont	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13t. CITY OR TOW Rockville	YES NO X	13e.STREET ADDRESS / ZIP CODE 15618 Fields Ro	oad/20855
1 15/6/	14 FA	THER'S NAME FIRST	MIDDLE LAST	IS MOTHER'S MAIDEN NA	WE	LAST
p 75/10		Claude	Osborne	Stella		Rhudy
execu and control	-10		RMED FORCES? I6b SOCIAL SECU 230-30-(15618 Fiel	ds Road Maryland 20855
e pe	N				OSDOTHE Rockville	Maryland 20855 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
fresh phymiope no-m		PART I. DEATH WAS CAUSE	1 - 11 -11	dic.	Accept	BETWEEN ONSET AND DEATH
ding orbar or re-		IMMEDIA	TE CAUSE (o) L A V DI I	Jan Maria	7. 1144 (3)	- ha ha the
deoth ove co ian,		Conditions, if any, which	DUE TO, OR AS A CONSEQUE	y Fails	s t	1 mainth
the of the ceman		gove rise to immediate couse (0), stating the	DUE TO, OR AS A CONSEQUE	ENCE OF ,		,
that d by ease ol, ci	-83	underlying couse lost.	1 10 htp	atoma		6 weeks
equires n signe Then pl ta bun njury, c	ATION	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO E	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVE	V IN PART Ito
ne law ra on. permit permit ene prior	CERTIFICATI	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, IN CERTIFY	WERE FINDINGS USED NG CAUSES OF DEATH? NO
roate ransit Hyging Sh	CER	210 ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH DA	21t HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	T 1 OR PART 2)
ICIA g pl g pl indol	ZAL	OR CONTRIBUTING CAUSE OF DE.	~	19		
G PHYS ottendin ter this c s the but and Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE F	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
African Services of the sealth	-9		ital) attended the deceased from	12/3 19 81	(_, to 27 19	8 C, that (It (we) lost
Spito CTOI I for of H	728	sow the deceased alive an above, (I) (we) I did I did no	of view the body after death.	8 La, and that in (my) (our) opinion	death occurred on the date and hour	and from the causes stated
OR / e ha DIRE sched Dept	22	226 SIGNATURE		DEGREE	MEDICAL STAFF	220 DATE SIGNED
TAL by th RAL deto deto tote	-31	(hustr)	cofredas	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	11/27/85
FUNER PLUS STORY THE STORY		774 PHYSICIAN'S NAME 124	Ames) /	22e ADDRESS		/ /
TO HOSPITA retained by TO FUNERA should be de with the Stat IMPORTANT	-	Christ del	aci Quati	ord 615 W	Montgomer	y Rockville
00	73a. E	URIAL, CREMATION, REVEVAL	January _	NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY MUSTATE
Rh	24 51	Burial UNERAL DIRECTOR Date	1 30,1986 1 1	Baptist Cemetery		myth Virginia
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 (Rober 300 West Montgo	rt A. Pumphrey Fun mery Ave., Rockvi	ral Homes P/A FE	B 04 1986 Julia Sa	ars signature





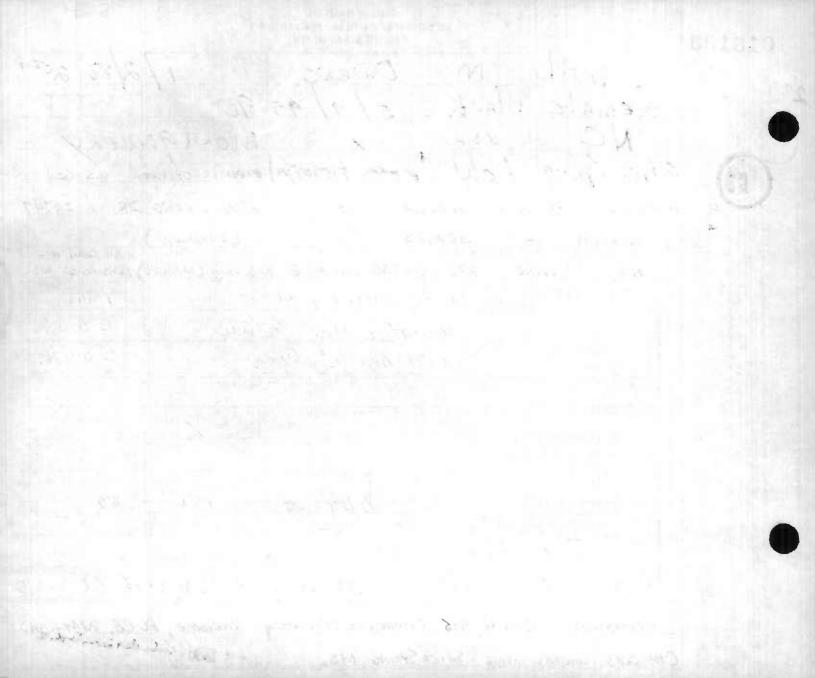
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

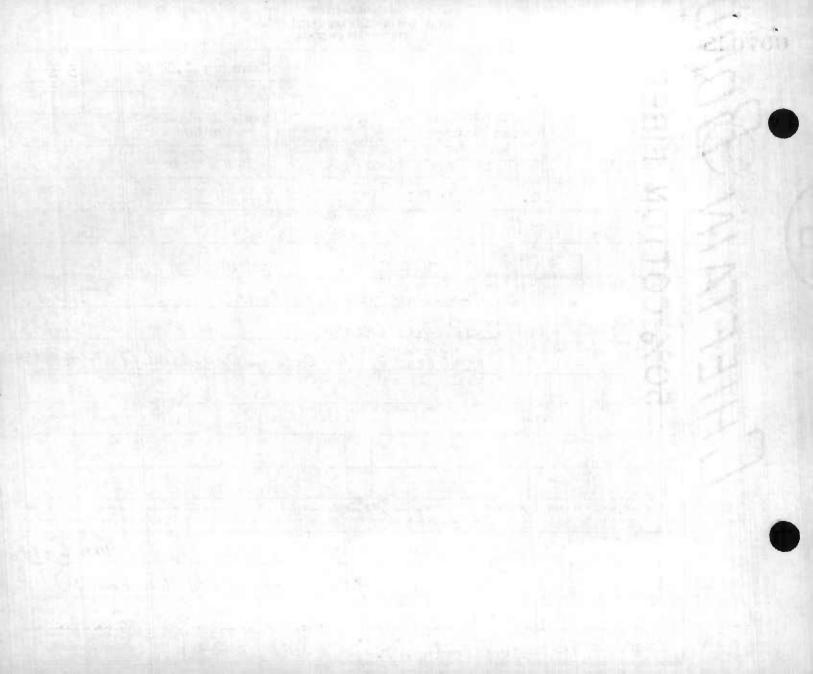
			REGISTRAR			CERTIFIC	AIL OI DEAI		REG. NO	O					
poge 3	1		EASED NAME FIRST Raly	oh W		Pa	ıge		Jan. 11, 1		YEAR	9:25 p.			
ctor pog	1	SEX	Male	White		June June	6, 1 905		AGE (IN YEARS LAST BIRT	HDAY) IF I	UNDER I YEAR	# UNDER 24 HRS			
nerol dire	2		THPLACE ISTATE ORFOREIGN DUNTRY SSOUTI	76 CITIZEN OF WHA		MARRIED MEVER MARRIED WIDOWED DIVORCED			9 BALTIMORE CITY OR COUNTY OF DEATH Montgomery						
by the fullified another d	Rockville F				1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Potomac Valley Nursing Home					126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LILE) Retired School Teacher					
filled in hould be	6	30 S	RESIDENCE (IF NURSING HOME TATE 136 CC	or other institution give outgomery 13.	RESIDENCE BEFORE AS CITY OR TOWN ROCKVILLE	113	NA INSIDE CITY LIV YES 🔼 NO	MITS? 13	STREET ADDRESS / 14643 Bau	er Driv	e #204	20853			
ompletely ond 2 st		4 FA	Willis	MPOLE	Page		Emma	IDEN NAME	WIDDLE		atson				
on ond co	1	6a W	AS DECEASED EVER IN U.S. ES, NO OF UNKNOWN) (IF YES.		SOCIAL SECURI 193-07-5		Cleo B.	Page	same as 13			MATE INTERVAL			
he for crause in it the death certifican. hos then upper y the ottending placement corbon prices on the transform or remover only injury, or other troumotic even	2	CERTIFICATION	PART I. DEATH WAS CAL IMMED Conditions, if ony, which gove rise to immediate cause (o), stating the underlying couse last PART 2 OTHER SIGNIFICAN THE PART DEATH AND N	DUE TO, OR AS (b) DUE TO, OR AS (c) T CONDITIONS CONTE	E lu	ATH BUT NO	TRELATED TO T	2	AL DISEASE OR CONI	20b IF YES, V	VERE FINDIN	IGS USED			
O HOSPITAL OR ATTENDING PHYSICIAN: Tetoined by the hospital or attending physical TO FUNERAL DIRECTOR. After this certificate should be detached for use as the burial-transwith the State Dept of Health and Mental Hyg MPORTANT: If them 21 is marked or them 18 should be approximated to the property of t	2	MEDICAL CER	21d. ACCIDENT WAS UNDRIVING OR CONTRIBUTING CAUSE OF (IF EITHER NOTHER MEDICAL EXAMILET ALL WORK AT WO	DEATH NER) P.M. 21e PLACE OF IN (AT HOME STREET, F. spiron offended the decomposition of the body offe) PEOSE (INT)	NJURY ACTORY, OFFICE, FAR.	YEAR 19 19 19 10, ond DE	THE LOCATION STREET 19 That Incry) Qur) GREE ATTEN PHYSI 12e ADDRESS	apinian dea	CITYORTON The occurred on the do MEDICAL STAR DIRECTOR PHYSIC	, 19. ote and hour o	county And from the co	SIGNED WELL			
Sho Sho		3a BI	URIAL, CREMATION, REMOV		Z3c NA	ME OF CEN	NETERY OR CREM.	ATORY	23d LOCATION CITY OR TOWN		OUNTY	STATE			
BP DHMH - 16 60M 7/84 (VRA 15, 4)	4	4 FU	NERAL DIRECTOR TYSO 31 Rockville P	n Wheeler	Funeral	Home.			Sikeston ECD BY REGISTRAR 17 1986	251 REGISTRA		lissouri JRE Indele			

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	STATE OF MARYLAND R
FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE
STATE	CERTIFICATE OF DEATH

07048	1	STATE REGISTRAR		DEPAKIN		REG. NO.				
OFO.		CEASED NAME E OR PRINT)	OK OK	Seong	Pa	rk	January 1,		2b HOUR 34 M	
ge 4 mo)	3 SE	x Female		Korean	5. DATE O		6 AGE (IN YEARS LAST BIRTHD)	YRS		
ooth. Po		IRTHPLACE (STATE OF E	OREIGN	Resident	MARRIED WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR CO Montgo!		MD.	
o oper of		ockville		11. NAME OF HOSPITAL, NURSIN			120 USUAL OCCUPATION (TYPE HOME MAKE)		D OF BUSINESS OR RY	
11/15	USU 13a	AL RESIDENCE (IF NURS STATE Md .	13b COUN' MON	TY. ROCKVII		YES 🔀 NO	13e STREET ADDRESS / Z 506 Bradfo		ze	
		Hangsool	2	NDDLE LAST Kim		15. MOTHER'S MAIDEN NA/ Chungdo	WIDDLE	I	Kim	
s. Poges e medical		vas deceased ever yes, no or unknown) None		WAR OR DATES!		Dr.Cheol P	ark (Son) Sa			
anpaper anpaper emoval.		PART I. DEATH W		y ane cause per line far ia), (b), and BY: CAUSE (a)	ive -	heart fail	ine	BETW	ROXIMATE INTERVAL EEN ONSET AND DEATH	
the ottending remaye corb remation, or r		Canditians, if any, gave rise to improve to stating	nediate ig the	DUE TO, OR AS A CONSEQUE	e as	nemia			2/24rs	
signed by Then please to burial, cr njury, or ath	NO	PART 2 OTHER SIGN		ONDITIONS CONTRIBUTING TO D	DEATH BUY		1 With all		1110	
has been the permit. Items prior laws only it	CERTIFICATION	19a DATE OF OPERA	TION	196, CONDITION FOR WHICH	OPERATION	N WAS PERFORMED	200 AUTOPSY? 2 YES NO	Ob. IF YES, WERE FIN N CERTIFYING CAU YES []	NDINGS USED SES OF DEATH?	
certificate unal-transitions lental Hyg	MEDICAL CER	210. ACCIDENT WAS UNI OR CONTRIBUTING (IF EITHER NOTIFY MEDI-	CAUSE OF DEAT	P.M.	Y YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART	2)	
free this as the bu th and M	MED	WHILE AT WORK AT WO	INE 🗇	216 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE F	ARM ETC)	21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE	
haspital ar RECTOR. A led for use ipt. of Heal		saw the decease above, (l) (we) (c		al) attended the deceased fram		d that in (my) (our) apinian of	death occurred on the date			
- Day -		The SIGNATURE	X	ingching		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	- 10	ate signed 2n.1,1986	
should be det with the State		JAZ	SUL	ig CHUNE			rapolis Rd.	Lanhar	n. M. 2.706	
8P	E	BURIAL CREMATION, (SPECIFY) Urial	REMOVAL	1/4/86 No	rbec	k Mem.Park	Rockvill			
MH - 16 60M 7/B4 (VRA 15, 4)	24 F	uneral director	aldi	11800 New Ham Silver Spring		e. 25c. DAT	REC'D. BY REGISTRAR 256	REGISTRAR'S SIGI	ATURE	



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE REGISTRAR 1. DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG **CERTIFICATE OF DEATH**

,	SIENE			
	REG. NO.			
	20. DATE OF DEATH MONTH DAY	YEAR	26 HOU	R
	January 11-198	36	6:0	M AC
1		RLYEAR	IF UNDER	
	89 YRS MONTHS	DAYS	HOURS	MIN.
	9 BALTIMORE CITY OR COUNTY OF DE Montgomery	ATH		MD.
	LIVE OF MORE FOR MOST OF MORKING LISEL IND	LISTRY	FOU	
	13-SIRET ADDRESS / ZIP CODE 5901 Searl Terrace	20	181	6.
٨		ohns		
]	5987 Searl Te			

	,,	OR PRINT?	Purl		E.	Parl	kin		Janua	ry	11.	-1986	6:00A M
	3. SEX	Male		4 RACE Whi	te	S. DATE O	F BIRTH	1896	6 AGE (IN YI	ARS LAST BIRTH		MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
1		RIHPLACE (STAT	E OR FOREIGN	U. S.		MARRIED WIDOWE		R MARRIED DIVORCED	9 BALTIMO Mon	recity or itgome:		OF DEATH	MD
9		thesda	DEATH	Betneso				ent Cnt	120 USUAL C	CCUPATIO FORMOSTOF PINTE			s Foundr
2	13a. S	AL RESIDENCE (IF	136 COUN Mont	other institution TY gomery	Bethes		13d INSIDE	CITY LIMITS?	"5981"	DDRESS /	ZIP CODE Terr	ace	0816
		rthur		VIDDLE	Par	kin		r's maiden na zabeth	ME	MIDDLE		Johns	
	16a W	VAS DECEASED E	VER IN U.S. AR/	MED FORCES? WAR OR DATES)	369-09		17 INFORM Pats	y Macau	ley	598TES		Md. 20	ce 0816
	7	Conditions, if gave rise to cause tal, s underlying c	any, which immediate toting the ause lost.	DUE TO, OF	ARDIA RAS A CONSEC THEROS RAS A CONSEC	DUENCE OF		ARDIO VA				1M M	YRS.
)	CERTIFICATION	19a DATE OF OP	ERATION	19b CONDI	TION FOR WHI	CH OPERATION	N WAS PERI	ORMED	20g AUTO			S, WERE FINDING CAUSES	
	MEDICAL CER	(IF EITHER NOTIFY 21d. INJURY OC	CAUSE OF DEA	P.I	M. MONTH M.	19	21f. LOCA STRI		RED (ENTER NA	TURE OF INJURY		COUNTY	STATE
	4	220.1 certify the	ceased alive on, ve) (did) (did not	al) offended the	e deceased fra	7/186 an	d that in (m	y) (our) opinion	MEDICAL	d on the date	2 3		SIGNED
		22d PHYSICIAN	SNAME (TYPE OF		oN	- /8	220. ADDR	PHYSICIAN		W. U	AN .	WASI	4. D.C
		Surial, CREMATI	ON, REMOVAL	23b. DATE 1/13/	²	Lakesid		RCREMATORY	Port	TION OR THURO	n,	COUNTY	Mich.

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR Joseph Gawler's

5130 WI. Ave. N. W. Washington, D. C. 20016

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Licha Trijdon Porton

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DHMH - 16 60M 7/84 (VRA 15, 4)

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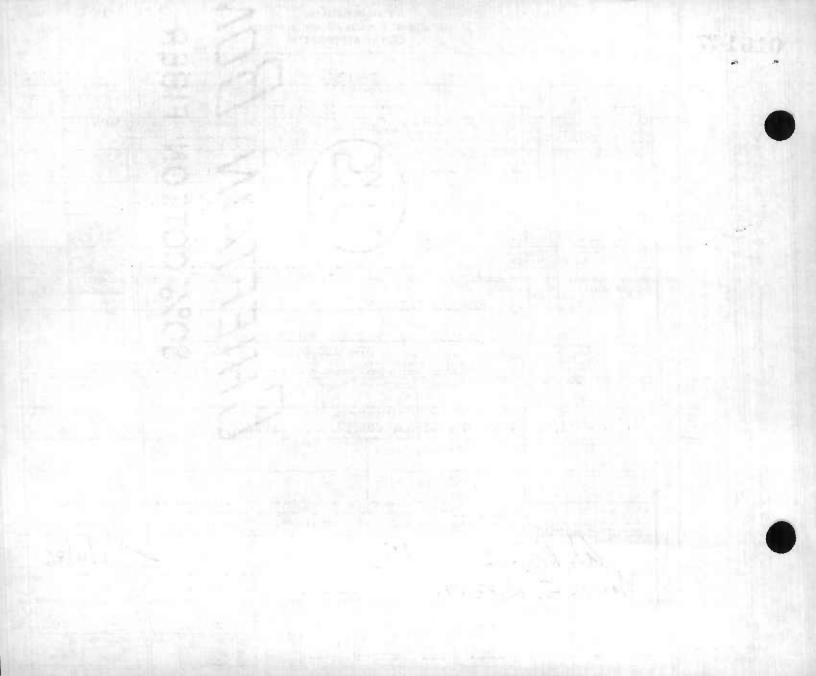
REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

		CEASED NAME FIRST		MIDDLE	ı	AST	20. DATE OF DEATH	MONTH DA	YEAR	26 HOUR
	(TYPE	OR PRINT)		DEAN	P	ARRIS	JANUARY 1	1, 1986		11:20AM
0	3. SEX		4. RACE		5. DATE C		& AGE (IN YEARS LAST B		UNDER I YEAR	IF UNDER 24 HRS
2	9	MALE	WHITE			BER 15, 1923	62	YRS.		
18	100	OUNTRY)		WHAT COUNTRY?	8 MARRIEI	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY O	FDEATH	
1	So	uth Carolin	a United	d States	WIDOWE		Y COUNT	Y	MD,	
6	2	TY OR TOWN OF DEATH	(IF NOT IN SUC	HOSPITAL, NURSING H FACILITY, GIVE STREET A HE CLINIC	DDRESS	ROTHER INSTITUTION	TYPE OF WORK FOR MOST OF			tile
2/	3a. S	TATE 136. COLUMN		13 CITY OF TOWN		13d. INSIDE CITY LIMITS? YES [X] NO []	13e STREET ADDRESS		9	29340
21		THER'S NAME	- 4 151 183			15. MOTHER'S MAIDEN N		DIII DI		27540
2%		Robert	E.	Parris	5	ETiza	C.		Parr	is
1		AS DECEASED EVER IN U.S.		166 SOCIAL SECUR	RITY NO.	17 INFORMANT	ADDI	RESS		
5		Yes	WIT OR DATES)	250-32-9	407	MRS. MARY J	JANE PARRIS	(WIFE)	Same	as 13
		18 CAUSE OF DEATH (Enter	anly one couse per	line for (a), (b), and	10	A MINIGUA			BETWEEN	MATE INTERVAL ONSET AND DEATH
		PART 1. DEATH WAS CAU		EPATIC FA	TLURI		The Market of	13.4		
			DUE TO, O	R AS A CONSEQUE	NCE OF					
		Conditions, if any, which				RTTAL HEPATI	ECTOMY AND			
		gave rise to immediate couse (a), stating the	DUE TO, O	R AS A CONSEQUE	NCE OF	SIGMOID COLE	CTOMY FOR CO	LON		
		underlying couse last	((c)	CANCER WI	TH S	GMOID COLOS	COMY AND HAR	RTMAN'S	POUCH	
	-	PART 2 OTHER SIGNIFICAN	IT CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CO	NDITION GIVEN	N IN PART 1	o o
	ĕ									
	CERTIFICATION	190 DATE OF OPERATION 11/12/85_11/		CA, LIVE		BSCESS NO		WERE FINDING CAUSES	NGS USED OF DEATH?	
1	GE	71a. ACCIDENT WAS UNDERLYING	110010	FINJURY M. MONTH DA	V VEAD	21c. HOW INJURY OCCU	PRED (ENTER NATURE OF IN.	IURY IN ITEM 18 PAR	T 1 OR PART 2)	
	CAL	OR CONTRIBUTING CAUSE OF	DEATH		19					
	MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY	Bu ETC)	211 LOCATION	CITY OR 1	OWN	COUNTY	STATE
	>	AT WORK AT WORK	(AT NOME, STA	ELT, FACTORT, OFFICE, FA	ikm, ETC)					
	- 5	22a.1 certify that 💢 (this ha	spital) attended th	e deceased from	NOVEM	BER 8 , 19 85		Y 11 19		that 🗶 (we) last
		saw the deceased alive abave, by (we) (did) (by	on JANUAR	ofter death	86_, or	d that in (mx) (our) opinio	n death accurred on the	date and hour o	nd from the	causes stated
		22b. SIGNATURE	0.		IIN	DEGREE			22c. DA E	SIGNED
		W, K	mour		41	ATTENDING PHYSICIAN		AFF ICIAN	1/1	1/86
1		224. PHYSICIAN'S NAME ITY	200			22e ADDRESS NATI	ONAL INSTIT	UTES OF	HEALT	TH
		WALTERE	= K12	1005		CLINICAL CE	NTER, BETHE			
1	23a B	URIAL, CREMATION, REMOV		230	AME OF C	emetery of Crematory On Ville Ba n Cemetery	23d LOCATION		COUNTY	STATE
		SPECIFY) Burial			hüfc				CCII	Carolina
14	24 FU	HAMES DA 7		PUMPHREY	FUN	LINAL	ATE REC'D, BY REGISTRA	R 25b. REGISTRA		
		HOMES, PA 7	557 Wisc	. Ave.	Beth	esda MD JA	N 1 3 1988		SHI TON BON	ndallo



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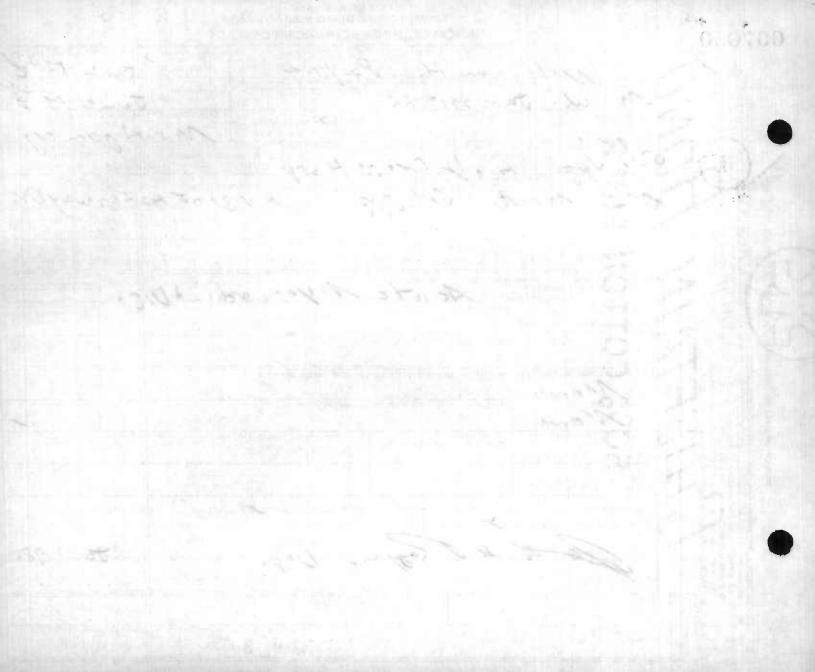
THE REPORT OF THE PARTY OF THE AND THE RESIDENCE OF THE PARTY OF THE PARTY

STATE OF MARYLAND - STATE REGISTRAR 031001 1. DECEASED NAME 20. DATE KNOWN MONTH (TYPE OR PRINT) OF ESTI-& AGE IN YEARS DATE LAST BIRTHDAY) PRONOUNCED 70 BIRTHPLACE MARRIED NEVER MARRIED Wash.D.C. U.S.A. WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY Student none 13d. INSIDE CITY LIMITS? 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Spencer Payne Selena Thompson 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Landover, Md. (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) no Spencer H. Payne 1242 Cap. View Dr. none 18 CAUSE OF DEATH (Enter only ane cause per line far (a), (b), and (c).) APPROXIMATE INTERVAL PRESTON ST., PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, 201 CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK COUNTY STATE Inspection 220 I certify that I took charge of the remains described above, held an Autopsy Inquiry death resulted fram: Natural causes Suicide Hamicide L Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATORE MEDICAL EXAMINER TYPE OF PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY Jan. 24,86 Burial Lincoln Mem.Cem. Suitland Maryland 07/84 BP 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 RECISTRAR'S SIGNATURE **DHMH - 17** Hunt Funeral Home 2801 7th St.N.E.D.C. (VR A15 ME (51)

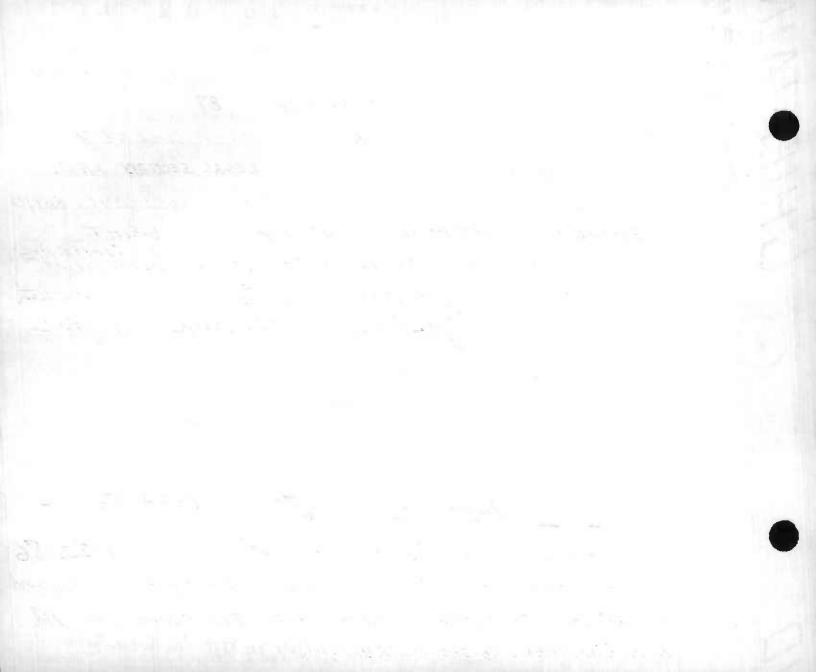
170 B. A. Transfer of resemp Star II and M CHE X 13 12 12 LING THE OF THE OWN of holy ourse Harp May What was the Bronzi il Kathina

- STATE 007050 CATE OF DEATH REGISTRAR I. DECEASED NAME 20 DATE KNOWN D TTYPE OR PRINT) OF ESTI-DEATH MATED 3 SEX IF LINDER 24 HRS DATE LAST BIRTHDAY PRONOLINCED DEAD TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF BEATH MARRIED PNEVER MARRIED FOREIGN COUNTRY WIDOWED T DIVORCED Wash.D.C. USA ID CITY OR TOWN OF DEATH IL NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK) 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) US Govt. Retired GSA JSUAL RESIDENCE IN THURS AG HOME OR OTHER INSTITUTION, GAR RESIDENCE BEFORE ADMISSION 38. STATE 13c. CUY OR JOWN 134 INCIDE CITY LIMITS? 13e STREET ADDRESS 14. FATHER'S NAM 15. MOTHER'S MAIDEN NAM MIDDLE LAST MIDDLE William Payne Denham Margaret 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANI ADDRESS I (IF YES GIVE WAR OR DATES) Patricia Pavne (Wife) Same as 13E 0578 Yes WWII 579 12 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (8) CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NOT E3 SHOULD BE L DEPARTMENT C II PRIOR TO BUR 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 71e PLACE OF INJURY (AT HOME 211. LOCATION 21d INJURY OCCURRED EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3: AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P. STREET, FACTORY, FARM, ETC 1 STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 27a I certify that I took charge of the remains described above, held on Autopsy and in my opinion death resulted from: Notural causes Suicide Homicide Undetermined monner TITLE (SPECIFY) ACTUAL SIGNATU MEDICAL EXAMINER EXAMPLER'S NAME John G. Rogers, MD 1919 Seminary Rd.S.S.Md. (TYPE OR PRINT) ADDRESS 23h BURIAL, CREMATION, REMOVAL 23h DATE 234. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial 1/4/86 Parklawn Rockville Mont. Md. 07/84 BP 25M 250. DATE REC'D. BY REGISTRAR, 256 REGISTRAR'S SIGNATURE Hines/Rinaldi 11800 RESNEW Hamp. Ave. S.S. **DHMH - 17** (VR A15 ME (5))

STATE OF MARYLAND



and the Britain to make the STILL PLATE A TAN DIL REGINERA Mod The welly TOLINA PARK AND AND AND A THE MESSAGE CLASSES AND RESERVED NO OR GER HARMING TO THE 2009 MINIEST ROW. PERSON MINDER ISONANCE STRAISCOURT THE PROMISERY SECT AMOUNT AS BUTTLE THINKS IN MANT CLASSING MICHAELS P.



STATE OF MARYLAND STATE 023082 REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN MONTH ELVIRA PETRONE (TYPE OR PRINT) OF ESTI-3. SEX 4 RACE DATE OF BIRTH IF UNDER 24 HRS 2c. DATE AST BIRTHDAY PRONOUNCED DEAD 9 BALTIMORE CITY OR MARRIED NEVER MARRIED Italy USA DIVORCED 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Housewife dwn home 3a STATE FATHER'S NAME MIDDLE Pannullo Angela Domenico Cardone Maria 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. ADDRESS (IF YES, GIVE YAR OR DATES) (YES, NO OR UNKNOWN) 220-56-7479 Hausto Petrone, 11-son- (same as 13e) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) PART I DEATH WAS CAUSED BY Conditions, if ony, which gove rise to immediate couse (o) stoting the underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? ARDED TO AGE 3 SHOULD BE USE ATE DEPARTMENT OF YES 🗌 NO DO 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR MEDICAL P.M. USn CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME WHILE NOT WHILE AT WORK AT WORK 220 I certify that I took charge of the remains described above, held an ond in my opinion death resulted from: Notural couses Accident Q Suicide Homicide Undetermined monner TITLE (SPECIFY) ACTUAL SIGNATURE MEDICAL EXAMINER PAGE A TO FUI AFTER I John S. Rogers, DME ADDRESS 1919 Seminary Road, Silver Spring, Md. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 23d. LOCATION Mont. Md. Gate of Heaven Burial 1-23-1986 07/84 BP. 1250. DATE REC'U. D. ALLISTRAR 1250 HEGISTRAR'S SIGNETURE 25M 24 FUNERAL DIRECTOR 11800 N.H. Ave., Hines/Rinaldi Funeral Home Silver Spring, Md. **DHMH - 17** (VR A15 ME (5))

SECULTO CANDELLE STORY Managen M. Take Rake What - Adre Form Commence and the and depart of the secretarial secretarial Parlin andry Emperies Track and the second milet Fail at hime More Harry On Stage Marie all V Gyera Dage Ja- 2019 15 Constitution of the Consti

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STATE OF MARYLAND	R 6
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	

35051	1-	STATE			RTIFICATE OF DEATH		10	
1 11		Charle Charl	les He	nry	PHIPPS,	C 20 DATE OF DEATH	MONTH DAY YEAR OF 1986	26 HOUR 2/50M
109/	1.56	Male	4 RACE		ATE OF BIRTH AND DAY YEA PY 1 2 10	6 AGE (IN YEARS LAST BE		R IF UNDER 24 HRS
1141		shinaton. D.C.	76 CITIZEN OF WHA	MA	RRIED NEVER MARRIEL	MINTE	OR COUNTY OF DEATH	MD.
170	Si	VOI Spring	11. NAME OF HOSE (IF NOT IN SUCH FAC	PITAL, NURSING HO ILITY, GIVE STREET ADDRES LATON Driv	S)	N 120 USUAL OCCUPAT ITYPE OF WORK FOR MOSTI Plant Mana		dand Oil
	Septiment of the last of the l	uland Mon	OTHER INSTITUTION GIVE	RESIDENCE BEFORE ADMIS CITY OR TOWN LVER Spri	13d INSIDE CITY LIMI	115? 13. STREET ADDRESS 217 Lexino	/ ZIP CODE	20901
150		Fredrick		hipps	Lola	EN NAME MIDDLE	Thwo	asi rite
be executed in Plugger		A STATE OF THE STA	VE WAR OR DATES)	8-05-9879	Eloise W.	Phipps Wife	Same as 13	
certificate ting physic rbonpape in removal fic event, it		18 CAUSE OF DEATH Enter or PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (a)	arcin	omo C	olon	BETWEEN	OXIMATE INTERVAL NOMET AND DEATH
that the death s by the attend out cremation o a other traumal		Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last	(b)	A CONSEQUENCE A CONSEQUENCE		W.HA.		
requires ren signes t. Then pli or to burn y injury, o	TION	PART 2 OTHER SIGNIFICANT	28 CONDITION CONTI	10	Bone	E TERMINAL DISEASE OR COM	~	
Chest per property of the per per per per per per per per per pe	SRUFIC)	210 ACCIDENT WAS UNDERLYING	Colle	MCd	ATION WAS PERFORMED 1 C V 116. HOW INJURY O	200 AUTOPSY? YES NO	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES URY IN ITEM 18 PART 1 OR PART 2)	NO [
Chicken of the confidence of t	MEDICAL C	OR CONTRIBUTION CAUSE OF DE	P.M.	MONTH DAY Y	21f LOCATION			
Or other or other three or the edith and marked	M	220.1 certify that (1) (this haspi	(AT HOME STREET, F	,	C) STREET	5/ 10 25	Jan 1986	state that the two last
28 ATTEN Houpital Hed You, Heat of H	H	saw the deceased alive an abave, (I) (we) (did) (did no	_d 3 (1	19N19 X6	DEGREE	pinian death accurred an the a		ne causes stated
OSPITAL O UNERAL D Id be detach the Suss D MTANT II		TO PHYSICIAN'S NAME, (TYPE O	OR PRINTY	11 1	22 ADDRESS	ING MEDICAL STA	CIAN 23	Jan 86
0 0 0 0 1 3/		URIAL, CREMATION, REMOVAL	WhITE,	23c NAME	OF CEMETERY OR CREMAT	SILVEN	S/11/2/	700900
ВР	B	urial	1/28/86	Parkl	awn Cemetery	Rockville	Montgomery	Maryland
DHMH - 16 60M 7/84 (VRA 15, 4)		NERAL DIRECTOR Franc 0 University B				JAN 31 1986	256 REGISTRAR'S SIGNA	Agndett.

Charles Henry PHIPPSS January 25 JE 2150 1 late White AND 16 1908 Ship Sangara Larence before Mexastatic Bone Cancer 17/188 COUNT CONTRE 28 nel 98 1 1 Physics Light Licenses of the Fry Tally



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH	REG. N	٧٥.			
LAST	20 DATE OF DEATH	MONTH	DAY	YEAR	76 HOUR

250 DATE BYE'D

-	/	REGISTRAR				•••••			REG. NO).		
1		CEASED NAME	FIRST		MIDDLE	1	AST	20 DATE OF	DEATH	MONTH D	AY YEAR	76 HOUR
18	100	ON PRINT)	ANNA	M	MARIE	P1	IN		RY 6,		, 200	12:00AM
	3 SEX	(4. RACE		S. DATE O		6 AGE (INY	EARS LAST BIRT	HDAY)	FUNDER I YEAR	HOURS MIN.
		MALE		WHITE		JUNE	5, 1930	55	31.15	YRS.	DAIS DAIS	MIN.
6	7a BI	RTHPLACE (STATE	OR FOREIGN		WHAT COUNTRY?	8.	D NEVER MARRIED	1		COUNTY		
8		PENNA 2	Ŋ.	U.S.		WIDOW	DI DIVORCED	MONTO	OMERY	COUNT	ĽΥ	MD.
1		TY OR TOWN OF	DEATH				OR OTHER INSTITUTION		OCCUPATION FOR MOST OF	ON WORKING LIFE	176 KIND OF	BUSINESSOR
4	1	THESDA			HE"CLINIC		ENTER	HOME	MAKEF	?	AT HC	ME
Ġ	13a. S	TATE	DE COUP	YTY	130 CITY OR TOW	N	134 INSIDE CITY LIMITS?					
		RYLAND	PR.	GEO.	COLLEGE	PARK	YES NO		ST. A	NDREWS	PLACE	20740
	7	THER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME	MIDDLE		LAST	
À	14 6	GEORGE VAS DECEASED EV			166 SOCIAL SECU	DITYNO	12 NISORMANIT		ADDRE	c c		
2		ES NO OR UNKNOWN		E WAR OR DATES			17 INFORMANT	W T37			04147	
		No			184-24-9	382	MR. CLERIO P	. PIN	(HUSB	AND)	SAME	
		18 CAUSE OF DE PART I DE ATH	ATH (Enter or I WAS CAUSE	nly one cause pe D BY:	Programa		nanition				BETWEEN	NATE INTERVAL
		I THE DIE	IMMEDIA	TE CAUSE (a)	riogress	Tve 1	.IIaIIILLIOII					
				DUE TO, C	MOTOSEOUE	NCE OF	arian carcino	ma			1	0.030
		Conditions, il o	immediate	(b)_	Metastat	16 00	arran carerno	ша			1 y	ear
		couse (a), sti		DUE TO, C	R AS A CONSEQUE	NCE OF						
		DARL 2 OTHERS	ICANEICANIT ((c)	ON TRIBUTING TO S	NE A VIA BUIT	NOT RELATED TO THE TERM	DIAL DISEAS	5.00.00.00			
	NO	PART 2 OTHER 3	IGNIFICANT	CONDITIONS	ONTRIBUTING TO L	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEAS	E OK CONL	JIIION GIVE	N IN PART TIO	
T	CERTIFICATION	190 DATE OF OPE	RATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTO	OPSY?		WERE FINDIN	
	LIFIC							YES X	NOIT	IN CERTIFY YES	ING CAUSES	OF DEATH?
7	CER	210. ACCIDENT WAS	_	1 110110 4		V VE 10	21c HOW INJURY OCCURE		TURE OF INJUR		- Carlo	
	AL	OR CONTRIBUTING		nin f	.M. MONTH DA	Y YEAR						
	MEDICAL	21d. INJURY OCC		21e PLACE	OF INJURY		211 LOCATION		CITY OR TOV	MAI	COUNTY	STATE
	×	WHILE NO	WHILE WORK	(AT HOME ST	REET, FACTORY, OFFICE, FA	ARM, ETC)	ZIMEET		CITTORTO	VIV	COOKIT	SIAIL
		220.1 certify tho	K(1) (this haspi	tal) attended t	he deceosed from	Dec	29 . 1985	toIA	NUARY	6,	9 86	hat X (we) last
		saw the dece	eosed alive an	JANUARY	6, 19 8	6	nd that in Kny) (aur) apinian	deoth occurre	d an the da	te and hour	and from the c	auses stated
		276 SIGNATURE					DEGREE				THE DATES	IGNED
		Diane	P.E.	Celle	nour	M	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAF PHYSIC	F IAN 💌	1.6	.86
		224. PHYSICIAN'S					220 ADDRESS NATIO				HEALT	H, 9000
		DIANA	. P. E	. CAL	-LENDE	1	ROCKVILLE PI	KE, BE	THESD	A, MAR	YLAND	20892
	23a B	URIAL, CREMATIC	N, REMOVAL				EMETERY OR CREMATORY	23d LOCA				
	(SPECIF BURN	. 1	Draw 1	0 1986 4	17, O	House Court	All a LA	of TOWN		COUNTY	1 STATE

TO HOSPITAL

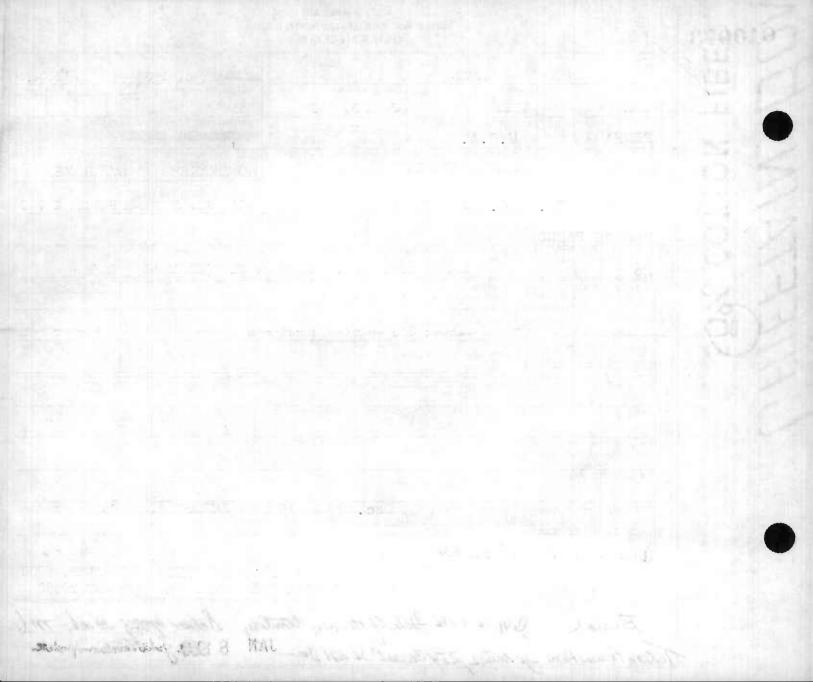
TO FUNERAL DIRECTOR: After this certificate has been

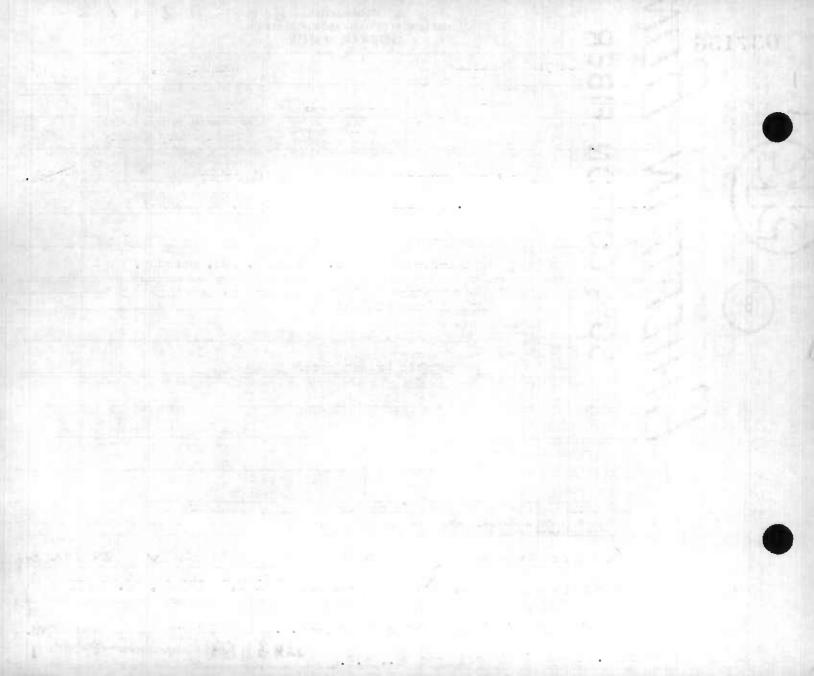
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 60M 7/84

24 FUNERAL DIRECTOR

(VRA 15, 4)





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FOR - STATE REGISTRAR

STATE OF MARYLAND 8 6 DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	(1)	
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U	Con	-	4	

	1 000						REG. NO				
		CEASED NAME FIRS	51	MIDDLE	LA	ST .	20 DATE OF DEATH		DAY YEAR	2b. HOUR	
	FITPE		CARMELETA	POTHEMONT			JANUARY 6,	1986	1986 4:40 PM		
	3. SE				5. DATE OF			DAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS	
-		FEMALE	NEGRO		FEBR	UARY 10, YEAR 1951	34	YRS.	MONTHS DAYS	HOURS MIN.	
01	7a. BI	RTHPLACE STATE OF FOREIG	N 76 CITIZEN OF	WHAT COUNTRY?	8.		9 BALTIMORE CITY OR		OF DEATH		
6	J	AMA I CA	JAMAI	CA	WIDOWED	NEVER MARRIED .	MONTGOMER	Y COL	INTY	MD.	
21	10. C	ITY OR TOWN OF DEATH		HOSPITAL, NURSING		OTHER INSTITUTION	120 USUAL OCCUPATIO	N	126. KIND O	F BUSINESS OR	
10	B	BETHESDA		IE CLINICA		TER	Housewif		E) INDUSTRY		
6	13a S		JAMAICA	I GIVE RESIDENCE BEFORE A 13c. CITY OR TOWN KINGSTON		13d. INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS / 6 MAYFIELD			1999	
M	14 FA	Wilbur Por	mnells	LAST		15. MOTHER'S MAIDEN NAM	MIDDLE		(unknow	wn)	
1		VAS DECEASED EVER IN U.	S. ARMED FORCES?	166 SOCIAL SECUR	ITY NO.	17 INFORMANT	ADDRES	S			
3		NO NO	ES, GIVE WAR ON DATES)	NONE		NORMAN POTH	EMONT, HUSB	AND	(SA	ME)	
		18 CAUSE OF DEATH (En		r line for (a), (b), and	ic '			Herr	APPROXI BETWEEN C	MATE INTERVAL	
	13	PART I. DEATH WAS C	EDIATE CAUSE (a)	Sepsis							
			DUE TO C	R AS A CONSEQUEN	ICE OF						
		Conditions, if any, which ((b) Adult T-Cell Lymphoma/Leukemia									
		gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF									
		underlying couse la		IK AS A CONSEQUEN	ICE OF						
		PART 2. OTHER SIGNIFICA	ANT CONDITIONS C	ONTRIBUTING TO DE	ATH BUT N	OT RELATED TO THE TERMI	NAL DISEASE OR COND	ITION GIV	EN IN PART 110	1.	
	ON										
7	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH O	PERATION	WAS PERFORMED	200 AUTOPSY? YES X NO	IN CERTIF	, WERE FINDIN YING CAUSES S []	IGS USED OF DEATH?	
-	W W	21a. ACCIDENT WAS UNDERLYIN								NO []	
10	¥					21¢ HOW INJURY OCCURRI	D (ENTER NATURE OF INJURY	IN ITEM 18 P	ART 1 OR PART 2)	NO []	
9		OR CONTRIBUTING CAUSE	OT DEATH	.M. MONTH DAY	YEAR	21c HOW INJURY OCCURRI	ED (ENTER NATURE OF INJURY	IN ITEM 18 P	ART 1 OR PART 2)	NO []	
9	50	(IF EITHER NOTIFY MEDICAL EXA	AMINER) P	.M. OF INJURY	YEAR 19	21c HOW INJURY OCCURRI 211 LOCATION					
9	MEDICAL	(IF EITHER NOTIFY MEDICAL EX	AMINER) P. 21e PLACE	.M.	YEAR 19		ED (ENTER NATURE OF INJURY		COUNTY	NO STATE	
9	MEDIC	(IF EITHER NOTIFY MEDICAL EXA 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME ST	.M. OF INJURY REET, FACTORY, OFFICE, FAR	YEAR 19	211 LOCATION STREET	CITY OR TOW	N	COUNTY	STATE	
9	MEDIC	(IF EITHER NOTIFY MEDICAL EXP 21d INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 220 1 certify that (X)(this	AMINER) P. 21e PLACE (AT HOME ST	.M. OF INJURY REET, FACTORY, OFFICE, FAR THE deceased from	YEAR 19 RM. EIC.) SEPTE	211 LOCATION	city or tow	N	COUNTY	STATE hat (X (we) last	
9	MEDIC	(IF EITHER NOTIFY MEDICAL EXA 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	AMINER) P. 21e PLACE (AT HOME ST	.M. OF INJURY REEL, FACTORY, OFFICE, FAR he deceased from	YEAR 19 MA EIC) SEPTEN 86 , and	211 LOCATION STREET MBER 16 19 85 I that in My) (our) opinion d	city or tow , to JANUARY eath accurred an the dat	N	COUNTY	STATE that (X (we) last	
9	MEDIC	THE BITHER NOTHEY MEDICAL EXP 21d INJURY OCCURRED WHITE NOT WHITE AT WORK 22a 1 certify that (X(this saw the deceased all above, (Y(W)) (did) (c	AMINER) P. 21e PLACE (AT HOME ST	.M. OF INJURY REET, FACTORY, OFFICE, FAR THE deceased from	YEAR 19 MA EIC) SEPTEN 86 , and	211 LOCATION STREET MBER 16 19 85 Ithat in My) (our) opinion d EGREE ATTENDING	city or tow	e and hav	COUNTY 19 86 , 1	STATE that (X (we) last couses stated	
9	MEDIC	THE BITHER NOTHEY MEDICAL EXP 21d INJURY OCCURRED WHITE NOT WHITE AT WORK 22a 1 certify that (X(this saw the deceased all above, (Y(W)) (did) (c	PAMINER) 216 PLACE (AT HOME ST hospital) attended the ve an JANUAR view the body M.	.M. OF INJURY REEL, FACTORY, OFFICE, FAR he deceased from	YEAR 19 IM EIC) SEPTEN 36 , and	211 LOCATION STREET MBER 16 19 85 Ithat in My) (our) opinion d EGREE ATTENDING PHYSICIAN	city or tow to JANUARY eath occurred an the dat MEDICAL STAFF DIRECTOR PHYSICIA	e and hav	r and from the c	state chat (X (we) last couses stated SIGNED	
9	MEDIC	THE EITHER NOTHY MEDICAL EXP 21d INJURY OCCURRED WHITE NOT WHITE NAT WORK 270 1 certify that (X(this saw the deceased all abave, (Y(we) (did) (C) 270 5 SIGNATURE	PAMINER) 216 PLACE (AT HOME ST hospital) attended the ve an JANUAR view the body M.	.M. OF INJURY REEL, FACTORY, OFFICE, FAR he deceased from	YEAR 19 SEPTEN 86, and	211 LOCATION STREET MBER 16 19 85 Ithat in My) (our) opinion d EGREE ATTENDING PHYSICIAN	CITY OR TOW to JANUARY eath occurred an the dat MEDICAL STAFF DIRECTOR PHYSICIN NAL INSTITUT	e and hav	19 86 19 19 19 19 19 19 19 19 19 19 19 19 19	state chat (X (we) last couses stated SIGNED	
9	73a B	THE EITHER NOTHEY MEDICAL EXP 21d INJURY OCCURRED WHITE NOT WHITE AT WORK 22d I certify that (X(this saw the decased all abave, (Y(we) (did) (C) 22b. SIGNATURE 22d. PHYSICIAN'S NAME (UURIAL, CREMATION, REMOSPECIFY) REMOVA 1	hospital) attended the ve an attended to the ve attended to	OF INJURY REEL FACTORY, OFFICE, FAR The deceased from 19 Sitter death. 19 TOSS	SEPTER 36—, and MD MD ME OF CEA	ABER 16 19 85 I that in My) (our) opinion d EGREE ATTENDING PHYSICIAN 22e ADDRESS NATIO CLINICAL CE METERY OR CREMATORY uneral Home	CITY OR TOW to JANUARY eath occurred an the dat MEDICAL STAFF DIRECTOR PHYSICIN NAL INSTITUT	SDA,	19 86 19 20c DATE: F HEALT MD. 2	STATE what (X (we) last couses stated SIGNED	

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR should be defect with the State De

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Salara Telephone			

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FOR - STATE REGISTRAR

Female

Maryland

Rockville

O BIRTHPLACE (STATE OF FOREIGN

ID CITY OR TOWN OF DEATH

FIRST

4 RACE

Taze

MIDDLE

Kinna

White

16 CITIZEN OF WHAT COUNTRY?

U.S.A.

I. DECEASED NAME

(TYPE OR PRINTS

3. SEX

MEDICAL

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH

Nov. 6, 1896 YEAR

MARRIED NEVER MARRIED

DIVORCED [

rice

5 DATE OF BIRTH

WIDOWED

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Potomac Valley Nursing Home

U	IENE
	REG. NO.
	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
	January 4, 1986 45 A M
	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
	89 YRS.
	9 BALTIMORE CITY OR COUNTY OF DEATH
	Montgomery County, MD.
Ī	12a USUAL OCCUPATION 12b KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
	Homemaker Home
	Frederick Rd., 20780
١٨	AE .
	Rebecca Johnson
	4103 Araby Church Road
y	Frederick Md. 21701
	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
e	monleage I week
7	mateur 1 year
_	
٨١	NAL DISEASE OR CONDITION GIVEN IN PART 110
	200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

STATE

22c. DATE SIGNED

FUNERAL DIRECTOR. MPORTANT th the BP.

DIVISION OF VITAL

JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION J36 COUNTY Lic CITY, OR TOWN 13d INSIDE CITY LIMITS? Maryland Montgomerv vattstown YES PA NO [FATHER'S NAME 15 MOTHER'S MAIDEN NA MIDDLE Martha Hadd Kinna 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT TYES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 219-12-0745 Vone James E. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and PART I. DEATH WAS CAUSED BY: Conditions, if ony, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM CERTIFICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED NO 71a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME STREET, FACTORY, OFFICE FARM ETC.) NOT WHILE 22a I certify that (1) (this haspital) attended the deceased from sow the deceased alive an above 11 (we) (ad) (did not) view the body after death and that in (my) (our) apinion death occurred on the date and hour and from the causes stated DEGREE ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS a ricla 23a. BURIAL 231 NAME OF CEMETERY OR CREMATORY Burial Hyattstown Methodist Hyattstown, Montgomery

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	DELAY IS NECESSARY, PLEASE TO THE FUNERAL DIRECTOR. N PAGE 5 FOR YOUR FILES. BE FILED, WITHIN 72 HOURS. DS; 201 W. PRESTON STREET,	6	P. L. Coa	11. NAME OF HOSPITAL, NURSING I		120 USUAL OCCUPATION (FOR MOST OF WORKING LIFE) Salesman	OR INDUS	BUSINESS STRY UCTION
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	EXECUTE PAGE 4 TO FUN AFTER DE BALTIMO	00.00	(TYPE OR PRINT)	OHN S. ROGERS, M.D	ADDRESS	919 Seminary Road	l; Sil. Spg.,	Md.
07/84	BP		JRIAL, CREMATION, REMOVA Burial	1-12-1986 New 1	Montefiore Cem.	Pinelawn, L	.I. New York	STATE
25M	DHMH - 17		NERAL DIRECTOR	ADDRESS Rockvill		DATE REC'D BY REGISTRAR 235 RE	GISTRAR'S SIGNATURE	н
	(VR A15 ME (5))	Da	nzansky-Goldbe	rg Chapels: 1170 Re	ockville Pike	- June	a way door - Banda	00

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR

- STATE REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

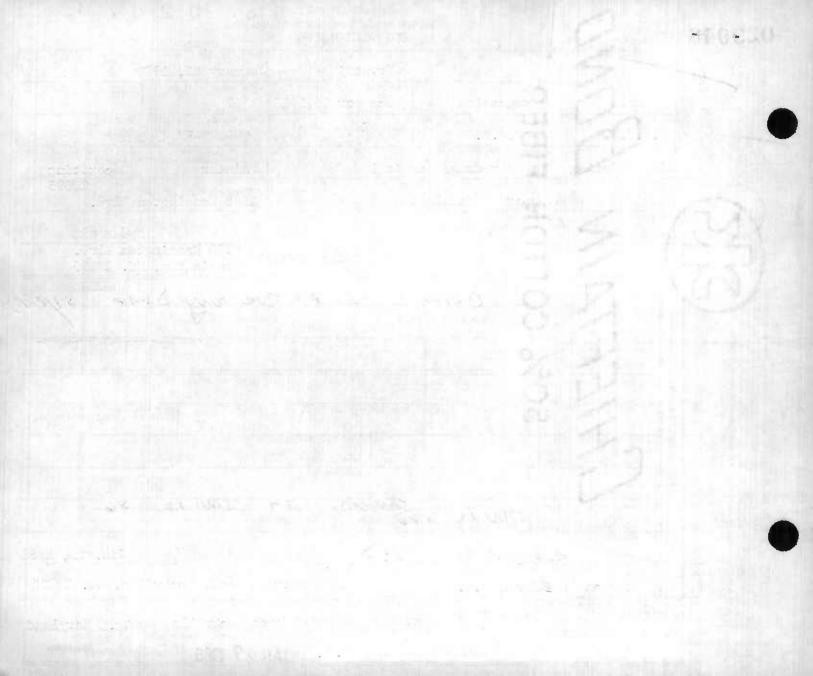
STATE OF MARYLAND CERTIFICATE OF DEATH

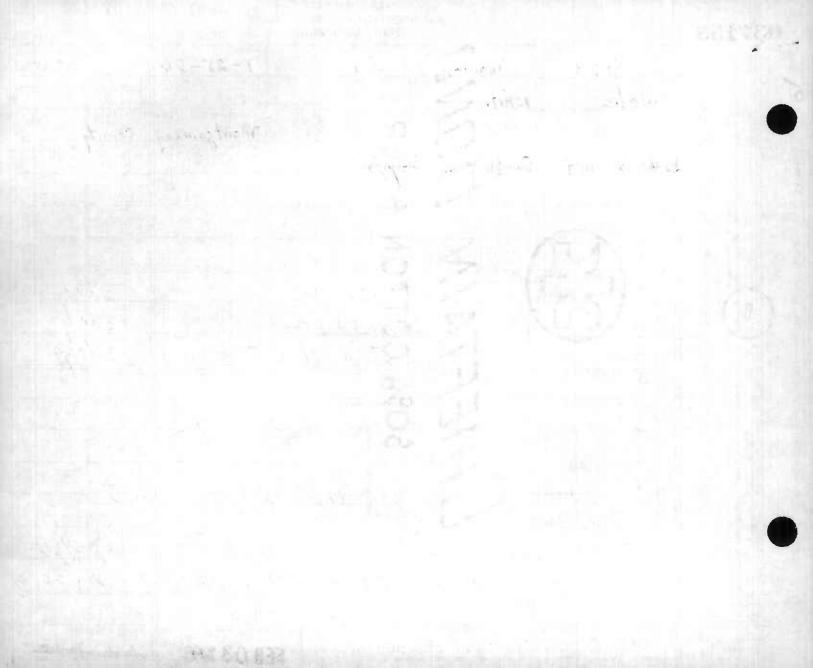
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		220.1 certify that (1)	(this haspi	tal) attended the	deceased from_	TAN	UARY 19 84	_, to JAV.	22	1986	that (1) (we)	last
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	24 FL	UNERAL DIRECTOR R	ober	t A. P	umphrev	Fund	eral Homes	REC'D. BY REGISTRAR	25b. REGISTR	RAR'S SIGNAT	larylan URE	Id
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was Saydon hands

DHMH - 16 60M 7/B4 (VRA 15, 4)

236 DATE Jan. 19,

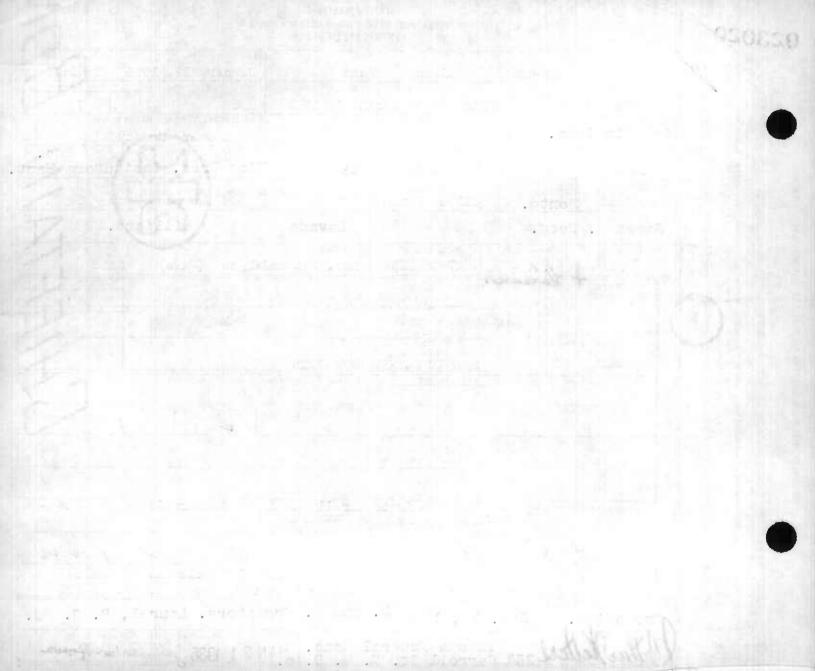
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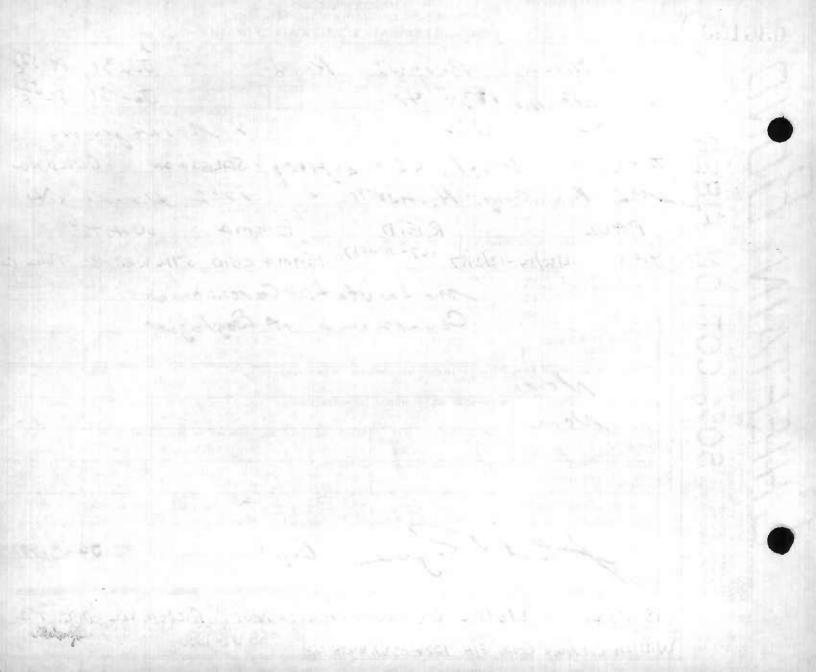
Takomæ Funeral Home. 254 Carroll St. N. W. D.

STATE OF MARYLAND

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00	nD.	1. DE	EASED NAME FIRST M	NIDDLE LAST 20 DATE KNOWN A MONTH	DAY YEAR DE HOLLE
	2845E	(TYP	ORPRINT) William 1.	Benny J. Reid DEATH MATED To 3	6 1988 50%
	場に無な医	1 SE)	4 RACE 5 DATE OF BIRTH	6. AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS. 24 DATE MONTH YEAR LAST BIRSHDAY) MONTHS DAYS HOURS MIN PRONOUNCED	DAY YEAR
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:	OURS N 18. G WIT. PV		18. CAUSE OF DEATH (Enter only one couse per line for PART I DEATH WAS CAUSED BY:	r (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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	EXECUTE PAGE 4 PAGE 4 PAGE 4 PAGE 4 PAGE 4 PAGE 4 PAGE 1 PAGE 4 PAGE 1 P	23a.B	RIAL, CREMATION, REMOVAL 23b. DATE	ADDRESS. 1236. NAME OF CEMETERY OR CREMATORY 1236. LOCATION	
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George P. Kalas Funeral Home Oxon Hill. Md.

(VRA 15, 4)

STATE OF MARYLAND

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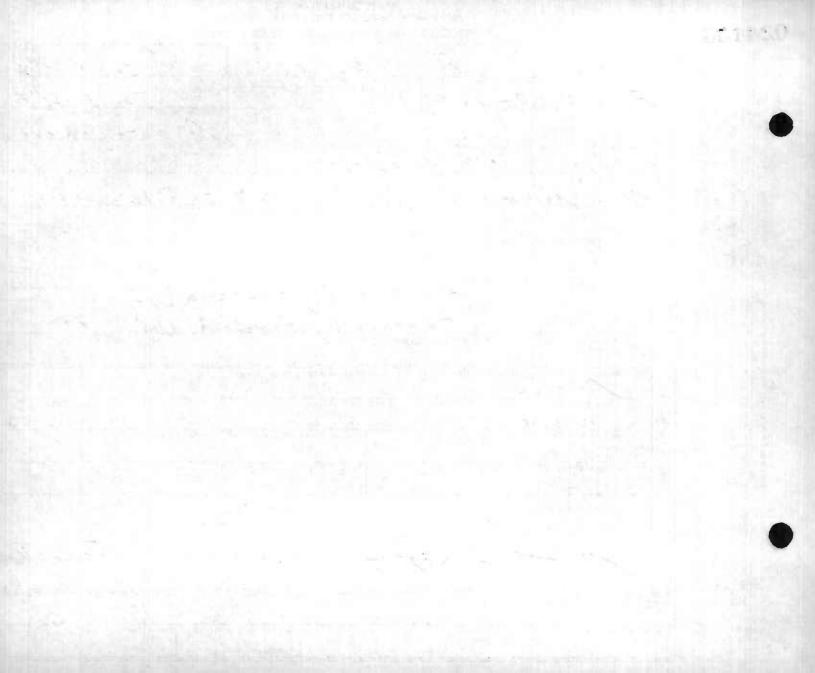
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DIVIS THIS CER WARDED WARDED PAGE 3 TATE DEF	2	EMALE CHILE CONTROL OR SIRTHPLACE (STATE OR OREIGN COUNTRY) 23 Shington, D.C. 23 Shington, D.C. 24 Shington, D.C. 25 STATE 26 STATE ATHER'S NAME FIRST Major WAS DECEASED EVER IN U.S. ARMED VES. NO. OR UNKNOWN) 18. CAUSE OF DEATH (Enter only or PART I DEATH WAS CAUSED BY IMMEDIATE C Conditions, if any, which gave (ise to immediate cause (a) stating the under- lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONT 19a. DATE OF OPERATION 21a EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEA 21d. INJURY OCCURRED WHILE AT WORK 22a. I certify that I tack charge of death resulted fram: Natural c CTUAL SIGNIFICANT SNAME (TYPE OR PRINT) EXAMINER'S NAME SURIAL, CREMATION, REMOVAL 23b. E]			CHYOKIOWIV	COUNTY
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A S S S S S S S S S S S S S S S S S S S							in my opinion
	100	death resulted fram: Natu	ral causes	Accident . Suicide	, Hamicide	Undetermined manner,	
EXAN CERT OULD DIRE WITH		ACTUAL /	0		TITLE (SPECIFY)		DATE 15-15/987
EDICAL E	1	SIGNATURE	0	Francis	_M.D. Dep	MEDICAL EXAMINER	SIGNED TO 1178
MEDIC CUTE SE 4 SE 4 SE NORE	359	EXAMINER'S NAME -			1010		
TO MEDICAL EXAMI EXECUTE THE CERTIF PAGE 4 SHOULD BE TO FUNERAL DIREC AFTER DEATH WITH BALTIMORE, MARYLA		(TYPE OR PRINT)JONN	1 S. Roger	s, M.D.	ADDRESS_1919	Seminary Road S.	ilver Spring, Md.
PAF TO	23a. B	JRIAL, CREMATION, REMOVAL	36 DATE	23c. NAME OF CEMETE	RY OR CREMATORY	23d LOCATION	COUNTY STATE
			1/18/86	Parklawn C	emeteru	0 1 100 11	taomery Md.
DHMH-17 20M 1/73 (VR A15 ME (5))	24. FI	NAME FRANCE	s J. Call		25a. DATE		TRAR'S SIGNATURE
(*N M 13 ME (3))	50			ilver Sprina.	Md. JA		
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1/13/86

O30112 1 - FOR STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

0248/

REG. NO.

3/		CEASED NAME Virg.	inia I	Rh Rh	nea "	AST	2	January	22, 1	986 YEAR	1:0	3p
	3 SEX	Female	4 RACE Caucasi	an	Apri	F BIRTH 4, DA 1918		AGE (IN YEARS LAST BE	YRS	IF UNDER I YEAR	IF UNDER 2	MIN.
2=	Vir	RTHPLACE (STATE OR FOREIGN OUNTRY) ginia	United	All Control	WIDOWE		ED 🗌	Montgomer Montgomer	-			MD.
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às	Ma	ryland Mon		Gaithers Gaithers	N	136 INSIDE CITY LI YESXXX NO		STREET ADDRESS 217 Lee St		Apt 5	208	77
7	FA	THER'S NAME FIRST Estel	MIDDLE	Rhea		IS. MOTHER'S MAI FIRST Geors	gie	MIDDLE		Pucke		
1	(2		S GIVE WAR OR DATES)	166 SOCIAL SECUI 225–30–64		Billy C.			ille,		851	
		18 CAUSE OF DEATH (Ent PART I. DEATH WAS CA	er anly one couse per AUSED BY DIATE CAUSE (0)	Masswe	905	mointes	hnal	hemorr	hage	BETWEEN	MATE INTERVONSET AND D	/AL DEATH
		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse last. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF (c)									Days	
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1	ICAL CER	210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE C	DE DEATH HOUR A.A	MONTH H	Y YEAR	21c HOW INJURY	ACURRE	ENTER MATURE OF INJ	IRY IN ITEM 18	PART 1 OR PART 2}		
	MEDI	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE C	DET, FACTORY, OFFICE, FA	ARM, ETC }	211 LOCATION STREET		CITY OR TO	OWN	COUNTY	51	ATE
		220 I certify that (1) (this I sow the deceased alive above, (1) (we) (did) (d	-07	1	30 36, an	d that in (my) (our)	apinian de	to 22 — ath accurred on the c	ate and have		that (1) w	
		22b. SIGNATURE	5		(PHYS	IDING ICIAN 🔀	MEDICAL STA	FF CIAN []	22 S	ent	86
		Ira Kreft	ing, M.D	0.00		210/M	& Pa	K Dive	57/4-	Gring H	11/20	402
	(urial, cremation, remo specify) Burial	January	7 27, Pa	rklaw	n Memoria		Rockvill	2	Ma	aryla	
4		NERAL DIRECTOR RODE A. 300 W. Mor		ADDRESS		,	25a DATE F	28 1888	256 REGIS	RAR'S SIGNAT	URE	

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DIVISION OF VITAL RECORDS; 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE

STATE OF MARYLAND 8 6 DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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ICATE OF DEATH REG. N

L	REGISTRAR							RE	G. NO.				
ľ	DECEASED NAME	FIRST		MIDDLE	l	AST		20. DATE OF DEA	H MONTH	DAY YE	AR	26 HOU	R
1	TOTAL SHAPERSON	JAMES	MI	ELVIN	RICH	ARDSON		JANU	ARY 1	5, 1986		7:21	l am
I	SEX		4 RACE		5. DATE C		YEAR	6. AGE (IN YEARS LA	S1 BIRTHDAY)	IF UNDER 1		IF UNDER	24 HRS MIN.
4	MALE		CAUCAST	IAN		ST 30,	1932	53	Y	RS			
T	BRTHPLACE PLATE	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	MARRIE	NEVER	MARRIED -	9 BALTIMORE CI	TY OR COU	INTY OF DEAT	Н	- 1	
4	ALABAMA		UNITED		WIDOWE	D []	IVORCED [MONTGOME	RY	26-7			MD.
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1	MARYLAND	CARR	NTY	13t. CITY OR TOW	/N	YES X	CITY LIMITS?	13e STREET ADDR 5192 PER			1		
A	W.		MIDDLE D.	RICHARD	COM	15. MOTHER MARY	FIRST	MIDI)LE	77	LAST		
1	WAS DECEASED EV			16b SOCIAL SECU		17 INFORM	ANT	JOSIE	DDRESS-1	92 PERR	ATE		
1	(YES NO OR UNKNOWN)	(IF YES GI	-1973	423-38-1	727	TINDA	CAROT						771
ŀ				line for (a), (b), on		LLINDA	CAROL	RICHARDSO	N, MI			21 NATE INTER	
	PART 2 OTHER S 19a DATE OF OPE 21a. ACCIDENT WAS	oting the use last	(c) CONDITIONS <u>C</u> (R AS A CONSEOU DINTRIBUTING TO	DEATH BUT	2.11		IN AL DISEASE OR	20b II	FYES, WERE FI	INDING	GS USE	
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ı	OR CONTRIBUTING [INFEITHER NOTIFY A 21d INJURY OCC			м,	19				200				
ı	NO.	WHILE WORK	21e PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, I		211 LOCAT	E†	34.00	OR TOWN	COUNT	Υ	5	STATE
l	saw the deci	eased alive ar	ntal) attended the 15 JAN at view the body	deceased fram_ 198 after death	-	AN nd that in (m)	, 19 <u>86</u> /) (aur) apinian (death accurred on t	AN he date and	, 19 .86 I haur and fram		hat (I) (v auses sta	-, -
l	27% SIGNATURE	Gu	re		M	DEGREE	ATTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF IYSICIAN	11	6/	JA1	11/2
I	J. M.		e, LT, M	IC, USNR				HOSPITAL					
Ī	730 BURIAL, CREMATIC	N, REMOVAI	236 DATE	23c	NAME OF C	EMETERY OF	CREMATORY	23d. LOCATION		COUNTY			TATE
1	Buria		Jan.21	,1986	Alta	Vista				le, Geo	rgi		TAIC
ſ	4 FUNERAL DIRECTOR					75 140		E REC'D. BY REGIST	RAR 25h RE	GISTRAR'S SIG			
1	orin L.	Moles	worth, P.	.A., Damas	cus,	Md.	JAN	21 1986	1 ma	identation.	1	-	

DHMH - 16 60M 7/B4 (VRA 15, 4)

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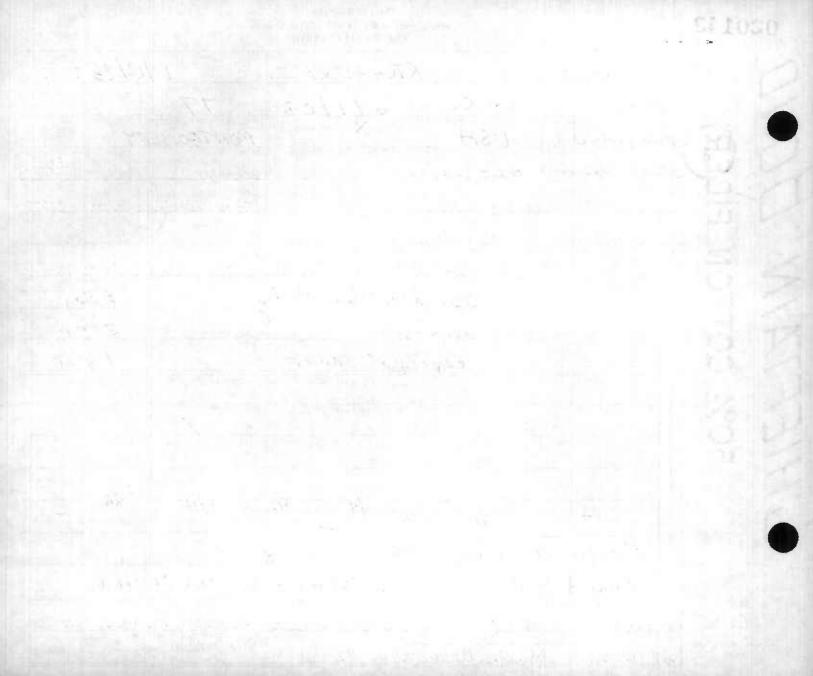
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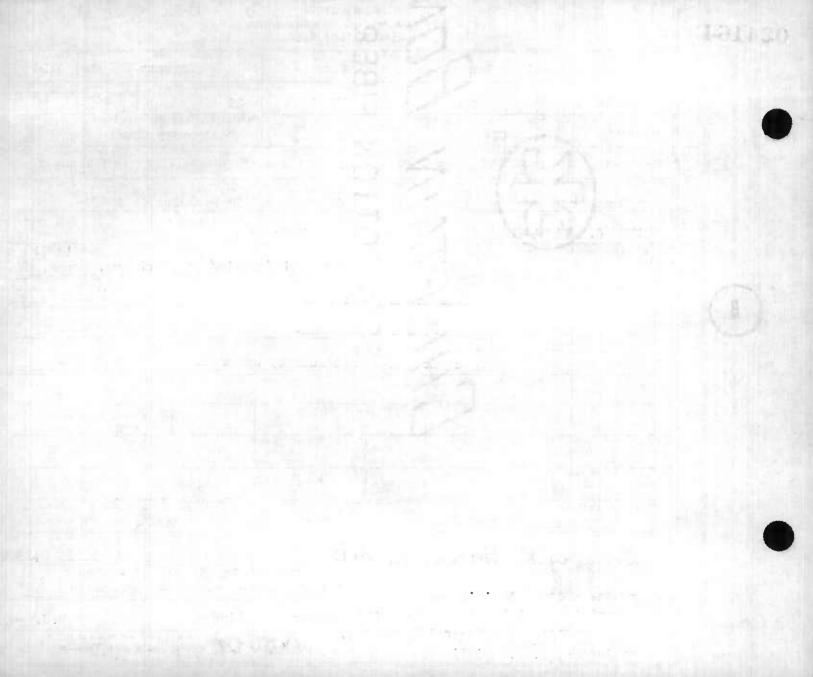
STATE OF MARYLAND 020143 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2ª DATE OF DEATH 2h. HOUR (TYPE OR PRINT) ROBINSON 0:45 3 SEX 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF LINDER 24 HRS I STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF MARRIED NEVER MARRIED DIVORCED 126. KIND OF BUSINESS OR INDUSTRY United TLUER CROSS Products 13h COUNTY 13e STREET ADDRESS / ZIP CODE Gaithersburg 9906 Ridgeline Drive Maruland Montgomeru 20879 I FATHER'S NAME MOTHER'S MAIDEN NAME Clover Robinson Richardson Annie 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES NO OR UNKNOWN) THE YES GIVE WAR OR DATEST Marian A. Richardson Wife Na 577-09-5615 Same as 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for 10), (b), and PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE 10 Conditions, if any, which gove rise to immediate couse ioi, stating the Cancer underlying couse lost swha are PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO I Hygie 71a. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 10 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY AT HOME STREET, FACTORY, OFFICE, FARM ETC) STREET STATE NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from that (I) (we) lost saw the deceased alive on. and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 226 SIGNATORE DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS ld b 0 230 BURIAL, CREMATION, REMOVAL 230 NAME OF CEMETERY OR CREMATORY 23b DATE 23d LOCATION (SPECIFY) Fort Lincoln Cemetery Brentwood Pr. Geo., Maryland 24 FUNERAL DIRECTOR Francis J. Collins Jr. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

500 University Blvd. W. Silver Spring. Mf.

DHMH - 16 60M 7/84

(VRA 15, 4)





STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYDIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 020154 20 DATE KNOWN I. DECEASED NAME MONTH YEAR 2b. HOUR (TYPE OR PRINT) ESTI-ARY, PLEASE I DIRECTOR. YOUR FILES. V 72 HOURS 7, 19 86 DEATH MATED Jan. 6:304 Agathe Ristau 4 RACE 6 AGE (IN YEARS IF UNDER I YR. 5. DATE OF BIRTH IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY) PRONOUNCED Jan. 2, 1901 Jan. 7, 1986 6:3QA Female White DEAD To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) USA Montgomery Germany WIDOWED T DIVORCED 8 CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY
Pub . Schools (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Suburban Hospital FOR MOST OF WORKING LIFE)
Teacher Bethesda USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30 STATE 13b COUNTY Bethesda 13d. INSIDE CITY LIMITS? 5606 Huntington Pky./20814 Montgomery YES X NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST Gottlieb Kujat Friedrich Florentine 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES, NO, OR UNKNOWN) 280-36-0367 Bruno A. Ristau, 2912 N. 26th St. Arl. VA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Cardio Respiratory avrest IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, If ony, which EM bolism gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? WRITING AAGE 3 SHOULD BE USE AAGE 3 SHOULD BE USE ATTE OF HOME OF HOME YES NOTE 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR 210 EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 12 16 1983 21e PLACE OF INJURY (AT HOME. 211 LOCATION comes EXECUTE THE CERTIFICATE, WRITING PAGE 4 SHOULD BE FORWARDED PAGE 3 FOR FORMARDED FOR PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYDAND, 21-2010. NOT WHILE AT WORK Home 220. I certify that I took charge of the remains described above, held on Accident Notural causes Hamicide TITLE (SPECIFY) 1/8/86 Deputy SIGNATURE EXAMINER'S NAME John F. Tauber 8218 Wis. Ave., Bethesda, MD (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 1/10/86 Mt. Comfort Crematory Cremation Alexandria, VA Joseph Gawler's Sons, Inc. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** 5130 Wisconsin Ave, NW, Washington, D.C. (VR A15 ME (5)) 20M 4/82

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DIVISION OF VITAL RECURDS, 201 W. PRESTON ST., BALLIMORE, MARTLAND 21201	ATTENDING PHYSICIAN: The law impaines that a the certificate be executed within 24 hours after despital or attending physician.	CIOR when this continuous has been uponed by the form of physical and completely filled in by the form
-	世長	0
	18E 25	0

Film G611 item 17 FOR 1 - STATE 1/28/86 rja

C / C C		REGISTRAR		CERTIFI	CATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	MIDDLE	LA!	ST		DAY YEAR 26 HOUR
to. page 3 after death	TYPE	AZZIE	LEE	ROBI		JANUARY 7, 1986	9:40A M
mo ter o	3. SE	X	4 RACE	5. DATE OF	DAN NEAD	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
Page 4 director hours of		MALE	NEGRO	NOVE	MBER 20,1944	41 YRS	
TO BIRTHPLACE ISTATE OR FOREIGN 7		76 CITIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH	
Pennsylvania			USA WIDOWED DIVORCED .			MONTGOMERY COUN	TY MD
BETHESDA		(IF NOT IN SUCH FACTLITY, GIVE STREET NIH, THE CLINIC				126. KIND OF BUSINESS OR INDUSTRY Railroad	
filled in nauld be	13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COU NNSYLVANIA	OTHERMISTITUTION GIVE RESIDENCE BEFORE ITY OR TOW PHILADEI	N 1	13d INSIDE CITY LIMITS? YES 📉 NO 🗌	13e STREET ADDRESS / ZIP CODE 6444 N. 15TH ST	
within within	14 F/		MIDDLE LAST		15 MOTHER'S MAIDEN NAM	WE	LAST
be de de	-	Arthur Mosely			Azzie Le	e Harris	
nd c iges dico		VAS DECEASED EVER IN U.S. AR. YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)		17 INFORMANT Eugene	ADDRESS	
on o	_	No	203-34-		MR. EDWARD J	. ROBINSON (HUSB	
Pyric popul vit. th		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one cause per line for (a), (b), and D BY.		l - 1 d		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
000-6		IMMEDIAT	ECAUSE 10) PULINOI	nary E	MDOTI		11 days
			DUE TO, OR AS A CONSEQUE	ENCE OF	yndrome		/ mantha
(Bada		Conditions, if any, which gave rise to immediate	(b) Cusnit	ng s s	ynarome		4 months
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1 117 3			(c)				
1 9165"	Z	PART 2 OTHER SIGNIFICANT (ONDITIONS CONTRIBUTING TO I	DEATH BUT N	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIV	EN IN PART Ira
L se proc	CERTIFICATION	1/1/86	Thymic hematon			IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH? S \(\text{NO} \(\text{NO} \)
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44 44 19		OR CONTRIBUTING CAUSE OF DEA		AY YEAR			
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0 1 1 1 1 1 1	×	WHILE NOT WHILE AT WORK	JAT HOME STREET, FACTORY, OFFICE F	FARM, ETC }	STREET	CITY OR TOWN	COUNTY STATE
るる 老 書 見		220 L certify that (4) (this hospi	tal) attended the deceased fram_	NOVEM	BER 13, 19 85	JANUARY /	19 86 that X (we) last
THE STATE OF THE S		saw the deceased alive an abave, (1) Xye Idid) (5755)	JANUARY 7, 19 8	36 and	that in (my) (XXX opinion o	death accurred on the date and have	and from the causes stated
A SE		22b. SIGNATURE	view the body offer death	D	EGREE	THE REAL PROPERTY.	22c. DATE SIGNED
A 25 0 5 0 5 0 5 0 5 0 5 0 5 0 5 0 5 0 5		Mante	(1) well	n	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1-7-86
TA BEAR	1	220 PHYSICIAN'S NAME (TYPE O	R PRINT)		12- ADDRESS	NAL INSTITUTES O	E HEALTH OOOO
POST PROPERTY OF THE PROPERTY		Martin E.	Doerfler		ROCKVILLE PI	KE, BETHESDA, MA	RYLAND 20892
DE E213	23a. l	BURIAL, CREMATION, REMOVAL		NAME OF CE	METERY OR CREMATORY	23d LOCATION	
BP		Removal	1-9-86 V	aughn-	-Slater F/H	Philadelphia	PA
HAH 96 60M 7/84	24 F	UNERAL DIRECTOR Marsh	all's Funeral Ho	me, Ir	C. 250 DAI	E REC'D. BY REGISTRAR 255. REGIST	RAR'S SIGNATURES
(VRA 15, 4)	[2	of Street,	N.W. Washington	, DC	20011	A BOOK	A
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STATE OF MARYLAND

STATE OF MARYLAND

BILLS SUCY A STREET, SINCE AND AND ADDRESS OF THE SUCK AND ADDRESS OF THE SUCK ASSESSMENT AS .eo branc.itx STREET, STREET, L. LEWIS CO., LANDING CO., L THE RESERVE THE PARTY OF THE PA (Ca) the Mark 1. April 1. The Carrier of the Carrie 020142

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 2b HOUR LIVER OF PRINTS Linda Rollins Januaru 11 1986 3. SEX 4 RACE 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR MONTH November 15. 1946 Caucasian 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Montgomery WIDOWED DIVORCED XX 17h KIND OF BUSINESS OR LITYPE OF WORK FOR MOST OF WORKING LIFE Washington Adventist Hospital Nurse 13e.STREET ADDRESS / ZIP CODE 9309 Avenel Avenue 20903 Montgomery Silver Spring 15 MOTHER'S MAIDEN NAME MIDDLE William Stevenson Aurora Mora 166 SOCIAL SECURITY NO. 17 INFORMANT HE YES GIVE WAR OR DATES! William F. Stevenson Father 219-48-6062A Same as 13 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: Keshi satur IMMEDIATE CAUSE (a)

Female Washington. Takoma Park Maruland 14 FATHER'S NAME 160 WAS DECEASED EVER IN U.S. ARMED FORCES? whe Preuminia (2) severe a normic Canditions, if any, which gave rise to immediate Posshbe Senticemno cause (o), stating the underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 enti Panastopeme 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO I 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIFETHER NOTIFY MEDICAL EXAMINER 211 LOCATION 71e PLACE OF INTURY CITY OF TOWN COUNTY (AT HOME STREET FACTORY OFFICE, FARM ETC.) NOT WHILE 22a 1 certify that (I) (this haspital) attended the deceosed from 1/11 saw the deceased alive an. and that in (my) (aur) apinion death occurred an the date and hour and from the causes stated 226 SIGNATURE DEGREE 22¢ DATE SIGNED ATTENDING MEDICAL PHYSICIAN PI DIRECTOR PHYSICIAN A. A. CHACKS 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION

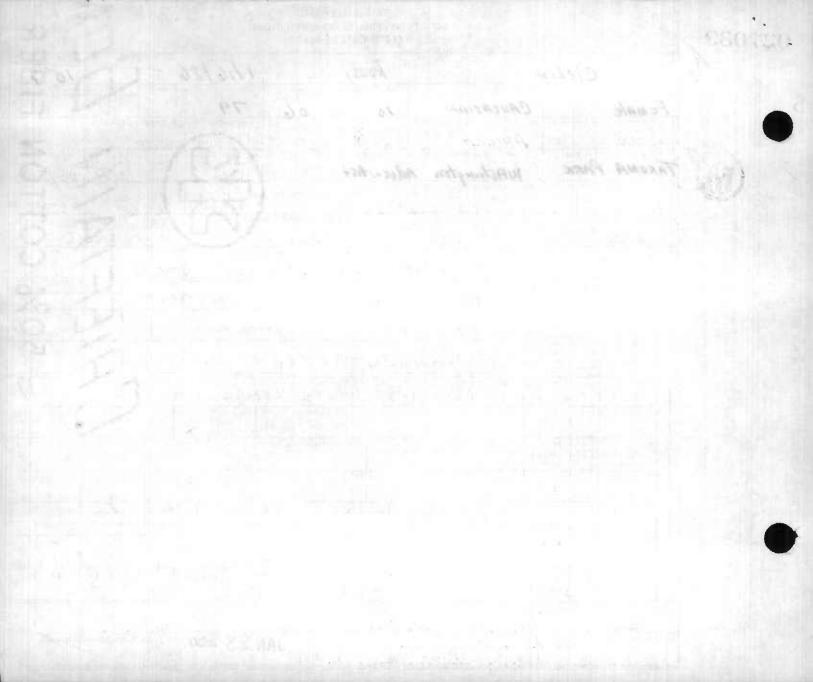
DHMH - 16 60M 7/84 (VRA 15. 4)

(SPECIFY) Burial

Gate of Heaven

24 FUNERAL DIRECTOR Francis J. Collins. Jr. 500 University Blud. W. Silver Spring. Md.

Silver Spring Montgomery Md. 250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	D.		
1	I, DECEASED NAME FIRST	MIDDLE	ı	AST .	2a. DATE OF DEATH	MONTH	DAY YEAR	2h HOUR
1	Lilli Lilli	ian B.	Ro	we	January	13,	1986	8:41PA
I	3. SEX	4. RACE	5. DATE C		6 AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
4	Female	White	Janu	-0-1	89	YRS	MUNTHS DAYS	HOURS MIN.
Я	70 BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNT	OFDEATH	
	Michigan	U.S.A.	WIDOWE		Montgome	ry		MD.
7	O CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATE			F BUSINESS OR
1	Olney /	Montgomery (Gener	al Hospital	Teacher	P WORKING (I	Sch	001
7	USUAL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE BEFOR	E ADMISSION)	136 INSIDE CITY LIMITS?	13e.STREET ADDRESS /	ZIP COD	0	9900
		Joseph's Three F			705 Elm S			3/1/
	14 FATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NAM			1.45	
7	11am 3 a 3 3	- Klaus		Susanna	Milotte		Diehl	,
4	160 WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECT	JRITY NO.	17 INFORMANT	1992	S Hav	erford :	Drive
7	No Non		9771	L. Suzanne So			e. Md.	
Ì	II CAUSE OF DEATH (Enter or	nly one cause per line (or (a), (b), ar	dic n					MATE INTERVAL
1	PART I. DEATH WAS CAUSE	TE CAUSE (O) ASYS	tole					
1			FN/TE OF	XA O X	10.			- 6
1	Conditions, if ony, which	DUE TO, GRAS ACONSEQUE	der '	e Atrice Ar	"hoftmad		8	75
1	gove rise to immediate cause (a), stating the	DUE TO, OP AS A CONSEQU	ENCE OF	heart Fair	0		1.	10 C
ı	underlying cause last.	(Congest		heart Van	lure	911	9	,
1	PART 2 OTHER SIGNIFICANT		DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONI	DITION GIV	VEN IN PART I	0
	= /20	erotic Cardi	Noo	enter dises-	se			
1	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		S, WERE FINDING CAUSES	
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		31.0		YES NO	Y	ES 🗌	NO 🗌
4	OR CONTRIBUTING CAUSE OF DE	MOUR AM MONTH D	AY YEAR	21¢ HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18	PART (OR PART 2)	
1	(IF EITHER NOTHY MEDICAL EXAMINER		19					F.
ı	CIF EITHER NOTIFY MEDICAL EXAMINES	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE	FARM ETC)	211 LOCATION STREET	CITY OF TO	WN	COUNTY	STATE
١	NOT WHILE			GC.	11:	2	0/	
1		ital) attended the deceased fram_	\$5	19 85	, to	<u> </u>	19	that (-c) last
1		ot) view the body ofter death.		nd that in (leur) opinion o	death occurred on the do	ote and hou		1
1	22 SIGNATORE	. \ wa		DEGREE ATTENDING .	MEDICAL STAF	E	22c DATE	SIGNED
4	In come	are on		PHYSICIAN L	ORECTOR PHYSIC	IAN		4726
1	PHYSICIAN'S NAME (IN)EC	P m a co		10401 OL	Leoneton	20	Bethe	sde mo
4	Troger 1	(COTTACT O V.)		10101	3.10.0	4.0		

DHMH - 16 60M 7/84 (VRA 15, 4)

14 FUNERAL DIRECTOR

Riverside Cemetery Three Rivers, St. Jos. Co., Mich.

250 DATE REC.D. BY REGISTRAN 256. REGISTRAN'S SIGNATURE

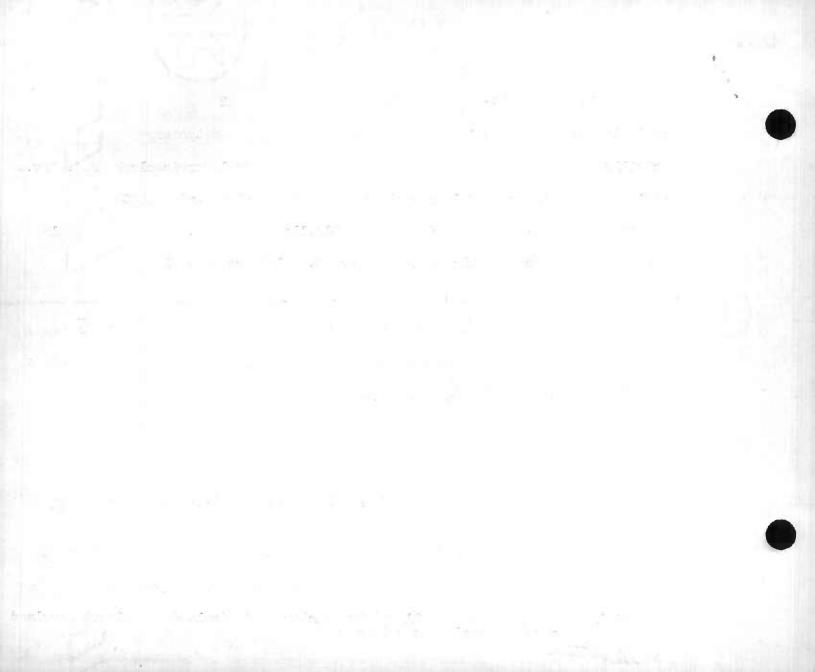
Pring. Maryland 250 1986

Chambers Funeral Home Silver Spring, Maryland

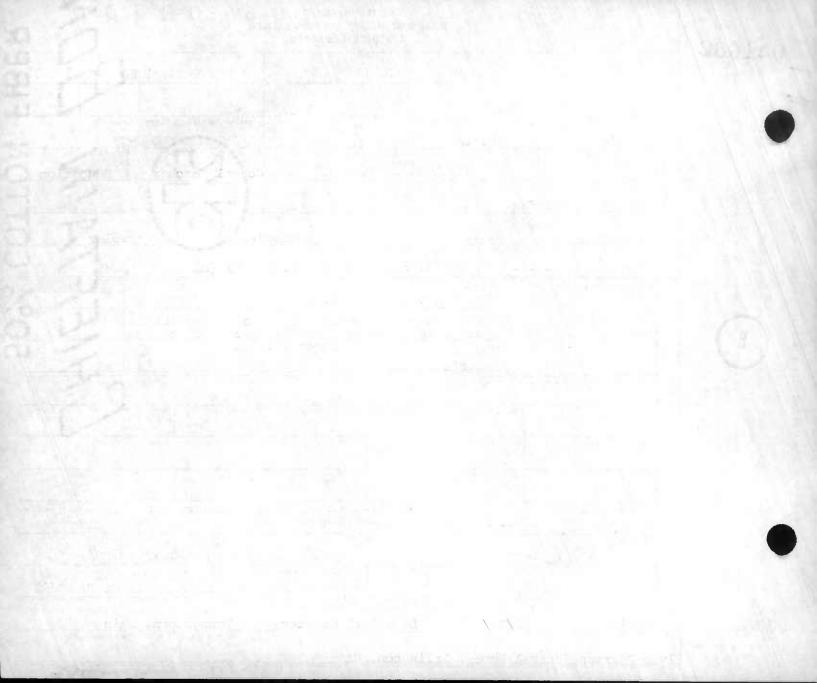
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Cognicera Purceal More Stlver Spring, Mer Land

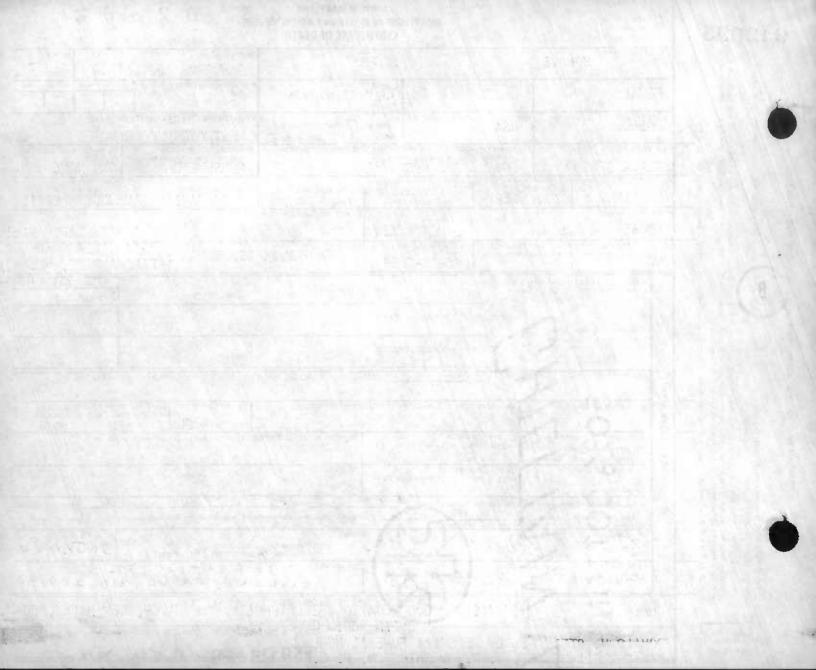
31055	1 -	FOR STATE REGISTRAR	DE	PARTMENT OF HE	ALTH AND MENTAL HYC CATE OF DEATH	REG. NO.	2499
deorh deorh	1 DE	CEASED NAME FIRST OR PRINT!	nae B.	Ru:	55ell		ONTH DAY YEAR 26 HOUR 1 16 86 1018
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To Table	7a BI	RTHPLACE (STATE OR FOREIGN COUNTRY) Shington DC	76 CITIZEN OF WHAT COU	MARRIED WIDOWED	□ NEVER MARRIED □ NOTE: DIVORCED □	9. BALTIMORE CITY OR Montgom	
by the fune filed within		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, I		Soital	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V Civil Servi	VORKING LIFET INDUSTRY
filled in pould be to	13a S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COL	INTY 1130 CITY O		13d INSIDE CITY LIMITS?	13e STREET ADDRESS / Z Galway Driv	ZIP CODE e 20904
ompletely ond 2 sh	14 FA	George He	enry Boy	AST	IJewlla	MIDDLE	^{lasi} Eng āa nd
Poget	160 \	VAS DECEASED EVER IN U.S. A (ES. NO OR UNKNOWN) (IF YES, G			Mary L. Colv	in same as #	
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by the formation of creating and control of the formation		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A COM		Arteriose	sclerosis	7 years
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M M	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,		211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
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CTOR. After the solution of the solution of Health and n 21 is marked		270. I certify that (1) this has saw the deceased alive a above (1) (we) (did traid in		19 <u></u>		, 10	e and hour and from the causes stated
by the hospital or other the fat DRECTOR: After the detached for use as the State Dept of Health and AMT: If them 21 is marked	<	270. I certify that (II) this has saw the deceased alive a obave (I) (we) (did) ord 777b. SIGNATURE	Jan 13	19 86 , and	that in (my)(aur) opinian EGREE ATTENDING		27c. DATE SIGNED
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ВН	1-	FOR STATE REGISTRAR			DEP	ARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	6 O REG. NO	2 5	0	
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a bo	3 SEX		4	RACE		S. DATE C		6. AGE (IN YEARS LAST BIRT			UNDER 24 HRS
of of		FEMALE		WHITE		MAR	CH 28, 1937	48	YRS.		CURS MIN.
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0 16 6		Ohio		U.	S.A.	WIDOWE		MONTGOMER			MI
offer of	-	TY OR TOWN OF DEA	TH 1	(IF NOT IN SUC	H FACHITY, GIVE S	TREET ADDRESS]	ER, NIH	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF School Teac	F WORKING LIFE) IN	NDUSTRY Educa	
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p old b		John		Fag			Cather		S	olar	
D S T		AS DECEASED EVER				ECURITY NO	17 INFORMANT	ADDRE			*
Pogo medi	(4	NO OR UNKNOWN)	(IF YES, GIVE V	VAR OR DATES)	289-3	2-6643	WILLIAM R. S	ADLER (HUSB.	AND) SA	AME AS	ABOVE
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o brond o brond lury, or	Z	PART 2 OTHER SIGN	HEICANT CO				NOT RELATED TO THE TERM	INAL DISEASE OR CONE	DITION GIVEN IN	V PART Ira	
he low ref	CERTIFICATION	190 DATE OF OPERAT	ION	196 COND	ITION FOR WE	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WE IN CERTIFYING	CAUSES OF	
SKIAN: T ng physici certificate uriol-tronsi tem 18 sh		210. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	AUSE OF DEATH	21b. TIME O HOUR A.	M. MONTH	DAY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I	ORPART 2)	
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TTEN Pirol 10 for u		saw the decease above in (we) (c	d alive on	January	ofter death		nd that in Land (our) opinian				
OR A DIREC DIREC Dept.		226 SIGNATURE	. / .	view the body	oner deam		DEGREE			27¢ DATE SIC	NED
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75 750 "			REMOVAL	236 DATE 01/29/			EMETERY OR CREMATORY Cark Cemetery	23d LOCATION CITY OR TOWN		UNIY	STATE



042035	1.	FOR STATE REGISTRAR			ENT OF H	EALTH AND MENTAL HYGICATE OF DEATH	REG. N	2 3	0 2	
oy be death		CEASED NAME SOPHIE	WIDDLE		SAGE	ζ	JANUARY	30	1986	7:45P M
ector, po	3 SE	EMALE .	WHITE		JULY	F BIRTH 15, DAY 189 3 YEAR	6. AGE (IN YEARS LAST BI	YRS.	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
nerol din	70 B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHA	T COUNTRY?	MARRIED	NEVER MARRIED D	MONTGOMER	R COUNTY		MD.
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AND 212 AND 212 AND 212	13a. 3		INTY 1136 C	RESIDENCE BEFORE A CITY OR TOWN KOMA PA	1	136. INSIDE CITY LIMITS?	13. STREET ADDRESS 8504 GARL	AND A	VENUE,	20912
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B physicin on paper emoval.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA		RSINOMA		THYROID	and the V		7 mon	mate interval onset and death ths
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	FOR STATE REGISTRAR		ME		MENT OF H	_				H	REG. N	3 (ن ال		
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3.5	wale	a hite	S. DATE OF BIRTH	YEAR	6. AGE (IN YEA LAST BIRTHDA YR	MONTH		HOURS		DATE	ICED	HTMOM) (86	24 HOUR A M
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DEMATION, OR	cause (a lying ca		ONTRIBUTING TO DEATH		ASEQUENCE O		E OR CONDITION	GIVEN IN PART	1 (a)			1			
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24	225 Mis	ssouri A	bia Mor ve, NW	tuar; Wash	y Servington	ice , D	S.C.	Sa. DATE RE	C'D. BY R	EGISTRAI	R 25b REC	GISTRAR'S	SIGNAT	URE	

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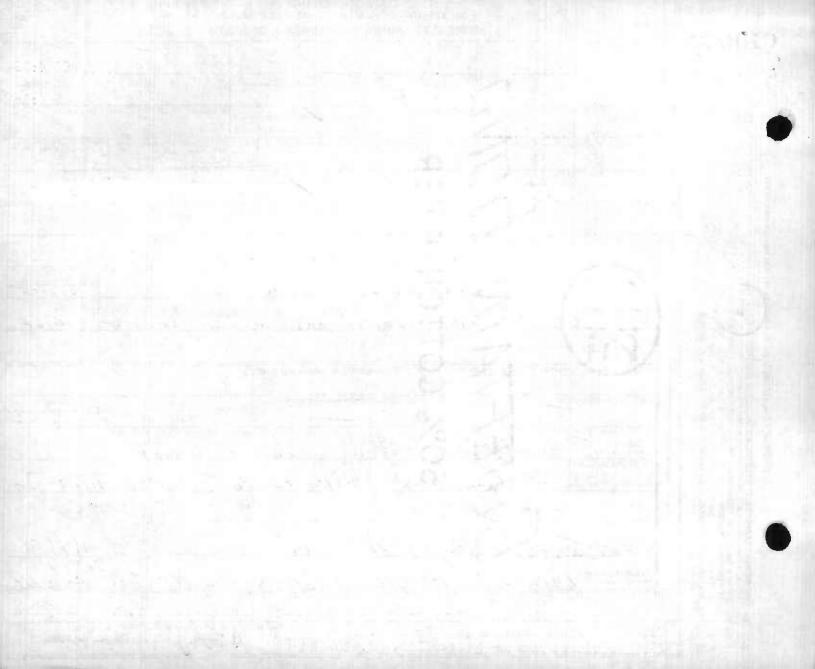
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Collinson Ave. We washington, D.C. Harmington, D.C. 225 alesson Ave. We washington, D.C. 250 and Ave. 250 and Ave.

STATE OF MARYLAND > STATE REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN D MONTH (TYPE OR PRINT) DEATH MATED 1986 : 15AN Robert 6 AGE (IN YEARS IF UNDER 24 HRS 2c DATE 2d HOUR LAST BIRTHDAY PRONOUNCED DEAD Male White July 17, 1934 186 4:15AN TO BINTHE ACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED WEVER MARRIED WIDOWED DIVORCED Montgomery II.S.A FILED, V Washington, D.C. 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Carpenter Giant Food Suburban Hospital Rethesda IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE A Stores 136 COUNTY 13c CITY OR TOWN 13d INSIDE CUT LIMITS? 130 STREET ADDRESS YES NO Maryland P.G. New Carrollton 7501 Topton Street 20784 15 MOTHER'S MAIDEN NAME MIDDLE LAST Alexander Sargies Florence Hottinger 16b. SOCIAL SECURITY NO. ADDRESS 577-46-0653 Kathleen C. Sargies (Wife) Same as #13 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: INFARETION IMMEDIATE CAUSE (a OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E 3 SHOULD BE US DEPARTMENT OF 31 PRIOR TO BURIA YES [21g EXTERNAL CAUSE WAS 716. TIME OF INILIRY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2 HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 211. LOCATION NOT WHILE AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection Homicide L. Minural courses Suicide Undetermined monner TITLE (SPECIFY) EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE Fort Lincoln Cemetery Burial Maryland Brentwood 01/09/86 07/B4 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Francis Gasch's Sons Euneral Home, P.A. **DHMH - 17** - Livrice Hondaire 4739 Baltimore Avenue Hyattsville, Md. 20781 (VR A15 ME (5))



STATE OF MARYLAND - STATE REGISTRAR REG. NO DECEASED NAME 2a DATE KNOWN (TYPE OR PRINT) Rose Etta Saulsbury DEATH MATED DATE PRONOUNCED DEAD 7a BIRTHPLACE MARRIED NEVER MARRIED New Hampshire WIDOWED Y DIVORCED 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Stenographer MD. 21201 15 MOTHER'S MAIDEN NAME FIRST MIGGLE James Pritchard Gavin 16n WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMAN ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 213-42-9805 No K. Monica Daughter Samo as 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK CITY OF TOWN COUNTY STATE 220 I certily that I took charge of the remains described above, held on Autopsy Inspection and in my apinion Suicide Homicide Undetermined manner TITLE (SPECIFY) MEDICAL EXAMINER EXAMPLE'S NAME John S. Rogers, M. D. 1919 Seminary Road Silver Spring, Md. 230 BURIAL, CREMATION, REMOVAL 236 DATE 23C NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE Burial Arlington National Alexandria Virainia 25M 250. DATE REC'D. BY REGISTRAR Francis J. Collins. Jr. 256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (S)) 500 University Blvd. W. Silver Spring, Md.

141000 For Standard Standard Frankly R. 10 18 40 4 6 V P. Kiewish Ale and morate or war a 23 other welfalls Low to My work of the TENT 12/2 and and

filled in by the funeral director buld be filed within 72 hours of

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

U	6	2	U

REGISTRAR				CERTIFICATE	OF DEATH	REG.	NO.			
1. DECEASED NAME	FIRST		WIDOLE	LAST		20. DATE OF DEATH	MONTH	OAY YEAR	26 HOL	JR
(TEPE OR PRINT)	Esthe	er	В.	Scheer		January	17,	1986	11:03	5 P
3. SEX		4 RACE		5 DATE OF BIRTH		6. AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER 1 YEAR	# UNDER	24 HRS
Fem	ale	white	2	April 10,	1902	83	YRS	MONTHS DAYS	HOURS	MIN.
To BIRTHPLACE (STAT	TE OR FOREIGN	76. CITIZEN C	F WHAT COUNTRY?	MARRIED NE	VER MARRIED	9 BALTIMORE CITY	OR COUN	ITY OF DEATH		
Russia		u.	S. A.	WIDOWEDXX	DIVORCED [Montgome	ery (County		M
O. CITY OR TOWN OF		(IF NOT IN	SUCH FACILITY, GIVE STREET	NG HOME OR OTHER ADDRESS)		120 USUAL OCCUPA		G LIFE) 12b. KIND (

IJ	rassia	u. J.	A. IMIDOWEI	DIVORCED [Honegomery Cot	IIILY MD.
	Silver Spring	(IF NOT IN SUCH FAC	PITAL, NURSING HOME O ILITY, GIVE STREET ADDRESS) ity Nursin	122 123 124 125 125 125 125 125 125 125 125 125 125		126 KIND OF BUSINESS OR INDUSTRY Home
	USUAL RESIDENCE (IF NURSING HOME OF 130. STATE 13b. COUR Maryland Monto	VTY 113c.	residence before admission) CITY OR TOWN CATON	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CODE 901 Arcola Avenu	10901
	14 FATHER'S NAME FIRST Moishe	WIOOFE	Minnuck	15. MOTHER'S MAIDEN NAM Deborah	WIDOFE	(Unknown)
4	160 WAS DECEASED EVER IN U.S. AR	VE WAR OR DATES	SOCIAL SECURITY NO. 78-01-81660	17. INFORMANT Deborah S. W.	4202 Préathfie itt Rockville Md	
	18 CALISE OF DEATH (Enter or	nly ane cause per 2 ED BY: TE CAUSE (o)	far (a), (b), and ig	Heart Fa	The second second second	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gave rise to immediate couse (a), stoting the)	A CONSEQUENCE OF	enno HER	N Msease	

underlying couse last.

190 DATE OF OPERATION

CERTIFICATION

MEDICAL

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY Y P.M.	EA
21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ET-	C)

196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2

HILE NOT WHILE O	TAT HOME, STREET, PACTORY, OFFICE T	ARM, EIC)
I certify that (I) (this has prior	Tottended the deceased from_	JAP.
source december alive on	19	, and that in (my)

211 LOCATION CITY OR TOWN COUNTY STATE

220 I certif	y that (1) (this harmal) attended the deceased from.	170 198		. that (1) (ye
geove	of decement give on	and that in (my) (au apinio	an death occurred an the date and have and from th	he causes state
771 BIGNA	TURE / /	DEGREE	22c. DA	TE SIGNED

	THE WAY SICIAN SPAME AND S	1/2	rpp	4
1	THE PHYSICIAN'S PLANE FUN S	g bailet.]	01	

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

Spring Silver 20904

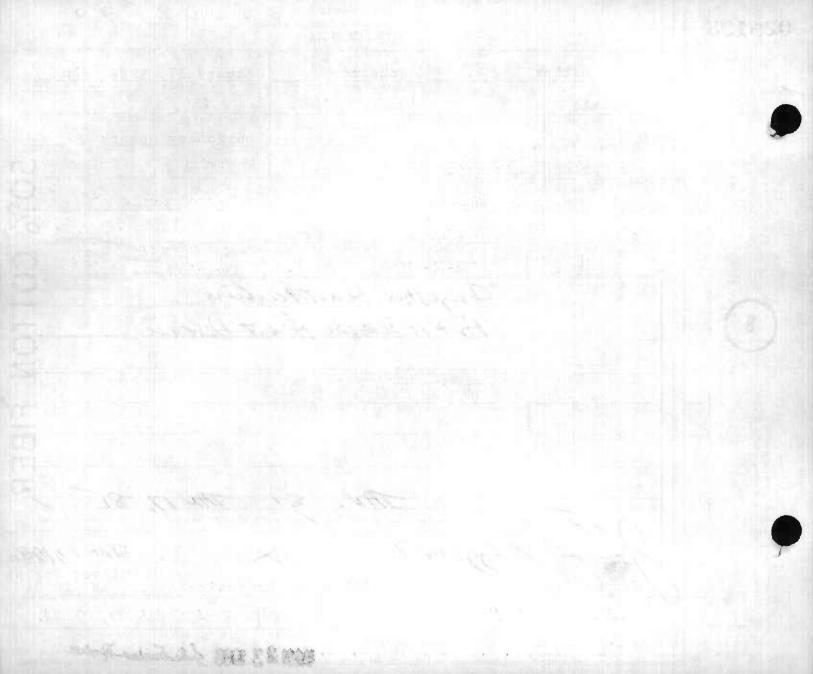
Jerome Schnapp, M. D. 230 BURIAL, CREMATION, REMOVAL (SPECHY) BURIAL 1/19/1986

11161 New Hampshire Ave., Beth Sholom Congregation Capital Heights, PG

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: should be detached for us with the State Dept. of He

MPORTANT:



STATE OF MARYLAND 041033 DEPARTMENT OF HEALTH AND MENTAL RYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE OF DEATH MONTH 2b. HOUR TYPE OR PRINTS THEODORF & AGE (IN YEARS LAST BIRTHDAY) IF LINDED I VE AD 3. SEX 5. DATE OF BIRTH DAYS MONTH YEAR 12 9. BALTIMORE ČITY OR COUNTY OF DEATH 70. BIRTHPLACE ISTATE OR FORLIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED NTGOMER DIVORCED [WIDOWED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION LOCCUPATION 12b. KIND OF BUSINESS OR PRICE FOR MOST OF WORKING LIFE) INDUSTRY POOL S Life Insurance USUAL RESIDENCE [IF NURSING HOME OR OTHER INSTITUTION ÉIVE RESIDENCE BÉFORE ADMISSION] 134 INSIDE CITYLIMITS? 130 STREET ADDRESS ZIP CODE 13c. CITY OR TOWN MON NO 15. MOTHER'S MAIDEN NAME FATHER'S NAME MIDDLE LAST MIDDLE FIRST Henly Edward Schneeman Clara 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 9130 Centerway Rd. (IF YES, GIVE WAR OR DATES) Susan M. Schneeman Gaithersburg, Md. 20879 TAMAT APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (6), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 114 a lune 20b. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF NO T YES [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 19 LIF EITHER NOTIFY MEDICAL EXAMINERS P.M. 211 LOCATION 21d INJURY OCCURRED 71e PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AL WORK 86 22a.1 certify that (I) (this haspital) attended the deceased from ________ sow the deceased olive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death 22h SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
DIRECTOR PHYSICIAN PHYSICIAN 224 PHYSICIAN'S NAME (Type OR PRINT) 22e ADDRESS 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE STATE I SPECIFY! 29 186 Cremation Lee's Crematory Washington, 316 E. Diamond Ave. DHMH - 16 50M 4/83 (VRA 15, 4) Gartner Sandison F.H. Gaithersburg.Md.20877

region of the same All commenced Della State J. Compared Cof there was , M. 20.70 July Control 25 1 (Esta control Contr - STATE

TYPE OR PRINTI

3 SEX

REGISTRAR

DECEASED NAME

Male

Virginia CITY OR TOWN OF DEATH

Bethesda

Virginia

Joseph

No

IFICATION

FATHER'S NAME

BIRTHPLACE (STATE OR FOREIGN

STATE OF MARYLAND

S DATE OF BIRTH

WIDOWED

NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Schwab, Jr.

February 10, 1955

MARRIED NEVER MARRIED

13d. INSIDE CITY LIMITS?

Barbara

17 INFORMANT

NO

15 MOTHER'S MAIDEN NAME

YES X

REG. NO.

30

12a USUAL OCCUPATION

Credit Manager

20 DATE OF DEATH MONTH January 19, 1986

26 HOUR AGE (IN YEARS LAST BIRTHDAY)

11:00A

BALTIMORE CITY OR COUNTY OF DEATH

Montgomery County

126 KIND OF BUSINESS TYPE OF WORK FOR MOST OF WORKING LIFE

13e STREET ADDRESS / ZIP CODE 8230 Ingersol Rd. 22309

Satterfield

Mrs. Barbara Schwab, Mother, same

CARDIOPULMONARY ARREST ACOUIRED IMMUNODEFICIENCY SYNDROME

211 LOCATION

NIH, The Clinical Center

Alexandria

166 SOCIAL SECURITY NO

226-84-9389

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

60 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

Joseph

Leroy

White

76 CITIZEN OF WHAT COUNTRY?

Schwab, Sr.

4 RACE

JSUAL RESIDENCE IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
30 STATE 1136 COUNTY 1137 CITY OF TOWN

(IF YES, GIVE WAR OR DATES)

IMMEDIATE CAUSE (o)

18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c)

RENAL FAILURE

210. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

Canditions, if any, which gove rise to immediate cause (a), stating

underlying cause

9n DATE OF OPERATION

21d INJURY OCCURRED

220.1 certify that (X(this haspital) attended the deceased from April

23b. DATE

-22 - 86

19h CONDITION FOR WHICH OPERATION WAS PERFORMED

HOUR A.M. MONTH DAY YEAR

AT HOME STREET FACTORY, OFFICE, FARM, ETC.)

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

200 AUTOPSY? NOF

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YESXX

January

and that in (max (aur) apinian death accurred an the date and have and I am the causes stated 22¢ DATE SIGNED DEGREE

CITY OR TOWN

22e ADDRESS

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

National Institutes of Health

GREGORY R. HARRIMAN, M.D.

231 NAME OF CEMETERY OR CREMATORY Mt. Comfort Cemetery

23d LOCATION

COUNTY

STATE

1500 W Braddock Rd., Alex

Everly-Wheatley Funeral Home

Carrier Paris

DHMH - 15 NOM 7/84 TVRA. 15, 41

sow the deceased plive on January 19 above, M(we) (did) (3000000 view the bady after death 226. SIGNATURE

Buria!

24 FUNERAL DIRECTOR

22d. PHYSICIAN & NAME .

230 BURIAL, CREMATION, REMOVAL

216 TIME OF INJURY

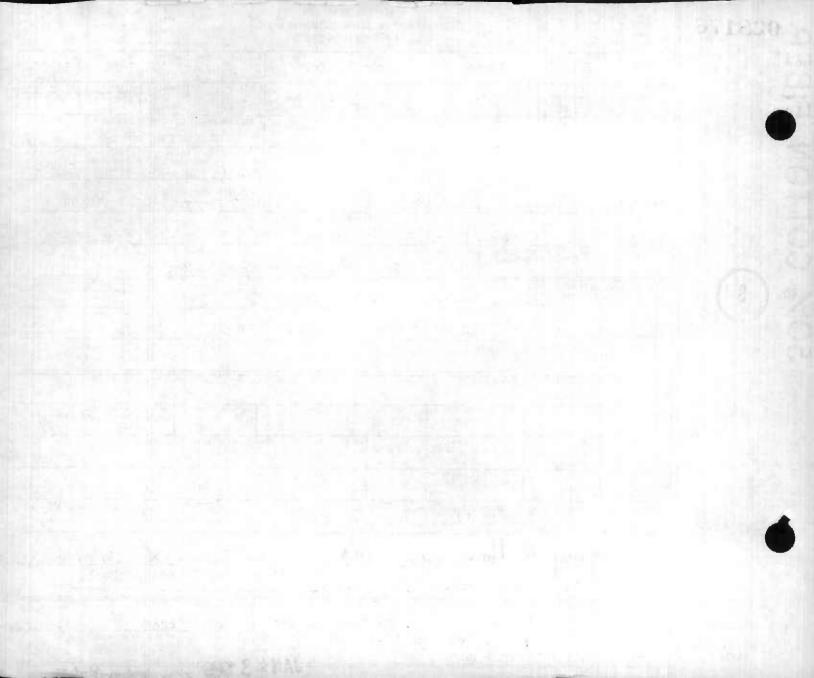
P.M.

21e PLACE OF INJURY

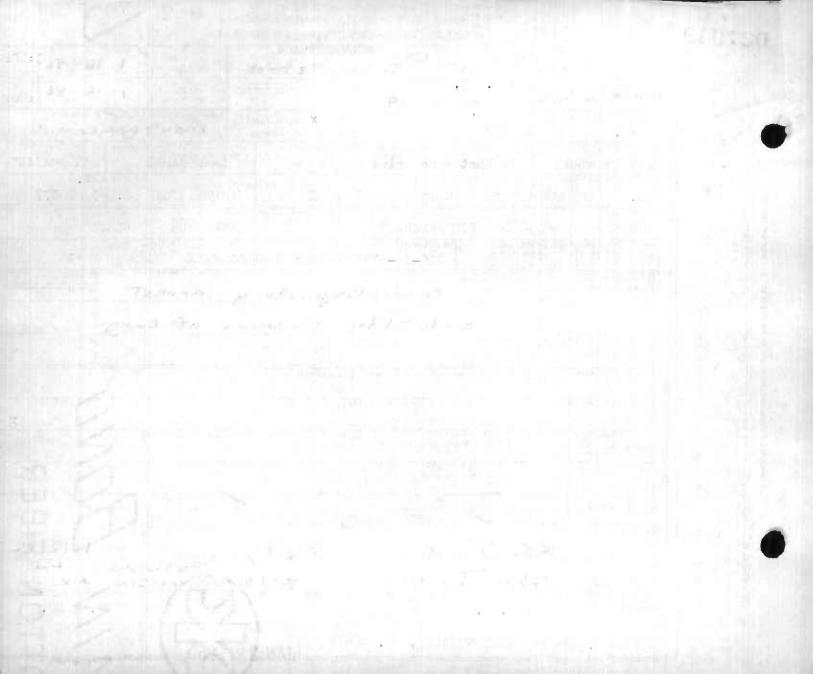
Clinical Center, Bethesda, Md. 20892

Alexandria

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



		1	ron.		STA	ATE OF A	MARYLAND	6 2	5 0	7
	10	1-	FOR				H AND MENTAL H			Y
	027049		REGISTRAR	WE	DICAL EXAMI				NO.	
	1		PECEASED NAME FIRST	ROBERT	LEE		ARTZBACK	20. DATE KNOWN OF ESTI-	1 1 1	YEAR 375 HOUR
	2 8 8 8 E	7	Robe	7 7	EE S	: hw				19 6 M
	PLEASE FCTOR FCTOR FUES STREET	3. SE		S. DATE BE BIR2	, 1936 AGE (IN	DAY) MONT	NDER 1 YR. IF UNDER	24 HRS 7c. DATE MIN PRONOUNCED	MONTH DA	C2 / 12 1100K
1	ARY, PLEASE L DIRECTOR YOUR FILES. V 72 HOURS	1	Male white	= 2 24			INS DATS HOURS	DEAD		198 3:30PM
h.	AND	70 E	BIRTHPLACE (STATE OR	16. CITIZEN OF W		10	RIED XNEVER MARRI	9. BALTIMORE CIT	Y OR COUNTY O	F DEATH
	出党を受え	2	OREIGN COUNTRY) MD.	USA		WIDOV		- VM * * * * *	Tapme	mp.
	Z		ITY OR TOWN OF DEATH	11. NAME OF HO	SPITAL, NURSING HOA	AE, OR OTH	HER INSTITUTION	120 USUAL OCCUPATION		KIND OF BUSINESS
	DELAY IS 1 TO THE N PAGE 105, 201	1 0	GAITHERSBURG	10 When	tstone Driv	FOR MOST OF WORKING (IFE) LANDSCAPER LANDSCAPING				
	N TO THE		AL RESIDENCE (IF IN NURSING HOME						AP'	
	S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELARITING THE WORD. "PENDING"." IN PENCIL IN ITEM 18. GIVE PAGES 1. 2, AND 3 TO RITHING THE WORD. "PENDING"." IN PENCIL IN ITEM 18. GIVE PAGES 1. 2, AND 3 TO ROBE TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN P. E. 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES AND 2 SHOULD BE IN PROPER TO BURIAL. TRANSIT PERMIT. PAGES AND 2 SHOULD BE TO BE WAS AND AND MENTAL HYGIENE, DIVISION OF WITH RECORDS.		STATE 1136 COUN		GAITHERSE		YES NO	10 WHETSTON	E DR. #5	20877
	E, MD. 2 S 1, 2, A PM 3. R VIO 2 SHO	34. F	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDE	NNAME		LAST
	ORE, M DEATH. GES 1, WM PM OF VIEW	1	LEWIS WI	LLIAM SO	CHWARTZBACK		MARY	COLUMBUS	CUSTE	R
	WORK DE	160	WAS DECEASED EVER IN U.S. AR		166. SOCIAL SECUR	ITY NO.	17 INFORMANT	ADDR		- N / 1 X
	JRS AFTER DE B. GIVE PAGE WITH FORM T. PAGESTA DIVISION OF		YES, NO, OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	220-28-6	397	CAROL SCH	WARTZBACK S	AME AS #	13
	JRS AF 8. GIVI WITH T. PAG DIVISI	-	18 CAUSE OF DEATH (Enter or	Ily one couse per line	for (a), (b), and (c),)				T	APPROXIMATE INTERVAL
	HST., AG WATE, DIE, DIE, DIE, DIE, DIE, DIE, DIE, DI		PART I DEATH WAS CAUSE	D BY:	Cardi	1 Ce	sounton	arre		BETWEEN ONSET AND DEATH
	STON ST V 24 HO N ITEM I ALONG IT PERM YGIENE,		IMMEDIA	TE CAUSE (o)	AS A CONSEQUENCE		Augus	3		
	HIN HIN AND HI		Conditions, if any, which		Le atras	tie	Carcin	1 to 000	Luna	
	WIT WIT		gave rise to immediate cause (a) stating the under		AS A CONSEQUENCE	05		044-0	-	
	DS, 201 W. PRESTON ST., KECUTED WITHIN 24 HOUR WE'N PENCIL IN ITEM 18. AL EXAMINER ALONG WE BURIAL - TRANSIT PERMIT. AND MENTAL HYGIENE, D ATION, OR REMOVAL.		lying cause last.	502 10,01	AS A CONSEQUENCE	. 01				
	S. 2		PART 2 OTHER SIGNIFICANT CONDITIONS	(C)	BUT NOT BELATED TO THE TE	MINAL DICEAS	CE OB CONDITION CINEN IN BA	T 1		
	LRECORDS, 201 UID BE EXECUTE "PENDING" IN F F MEDICAL EXA ED AS A BURIAL HEALTH AND MI LL, CREMATION,	NO	TAKE 2 VIIILE JOHN CARE CONSTITUTE	CONTRIBUTING TO DESTI	SOL MOT KETWIED ID THE IE	RMINAL DISERS	SE OR CONDITION GIVEN IN PAI	KI I (d.).		
	IALRE MALLO	CERTIFICATION	190 DATE OF OPERATION	196 COND	TION FOR WHICH OP	RATION V	VAS PERFORMED?		2'	@ AUTOPSY?
	SHOULD ORD "PE CHIEF A E USED." T OF HE.	\ E	SHEET STATE OF THE	100						YES NO X
	OF V THE CALL SHE	뉡븚	21a EXTERNAL CAUSE WAS	21b. TIME O			IOW INJURY OCCURRE	D LENTER NATURE OF INJURY IN ITE	M 18 PART T OR PART 2)	
	CERTIFICATE SHOULD STRING THE WORD "PE STONE CHIFF A SHOULD BE USED. TO FRE USED. T		UNDERLYING OR CONTRIBUTING CAUSE OF		A. MONTH DAY YE.	AR				
	SIO TO TO SHOP	MEDICAL	21d INJURY OCCURRED		OF INJURY (AT HOME,	21f LC	CATION			
	S C S C S C S C S C S C S C S C S C S C	A A		STREET, FAC	TORY, FARM, ETC)		STREET	CITY OR TOWN	COUNTY	STATE
	DIVIS CATE, WRITIN FORWARDED OR: PAGE 3 SI HE STATE DEP		AT WORK AT WORK							
	NA PROPERTY.		220 I certify that I took char	ge of the remains de	scribed above, held an	Autor	psy , Inspection	n . Inquiry .,	and in my opinion	n
	EXAMINER: CERTIFICATI ULD BE FORE F, WITH THE:		death resulted fram: Natu	rol causes	Accident	ouicide	, Homicide .	Undetermined manner		
	AA WIND		ACTUAL 2	, (TITLE (SPECIFY)		DATE	10-01
	AHE SHE	4	SIGNATURE_	w	when	A	AD DEPLY	MEDICAL EXAMINER	SIGNED_	1-18-06
	MOENTE DE	4	EXAMINER'S NAME	1	r. b.			Beth		mer.
	TO MEDICAL EXAMINER. EXECUTE THE CERTIFICAT PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFFER DEATH, WITH THE BATTIMORE, MARYLAND		(TYPE OR PRINT)	CKN	lauber		ADDRESS 321	8 Wiscon		KUL
	BP	23a l	BURIAL, CREMATION, REMOVAL	JAN. 20,1	986 FORES	T OAL	CREMATORY	GATTHERSBUR	RG MONT.	MD TATE
			FUNERAL DIRECTOR					REC'D. BY REGISTRAR 256 F	EGISTRAR'S SIGN	JATURE
	DHMH - 17 (VR A15 ME (5))	F	RANCIS H. BARBE	R LAYTON	SVILLE, MD	. 208	79 LAN	O P 1006	K	
	20M 4/82						JAN	CO MOD THE	- Davidon	appeally.



024005	STATE OF MARYLAND	86 02510
	1 - FOR DEPARTMENT OF HEALTH AND MENTA STATE PEGISTOR CERTIFICATE OF DEAT	
	, REGIOTALA	REG. NO
Transt &	DECEASED NAME FIRST MIDDLE LAST (TYPE OR PRINT) LEO JOSEPH SCHWEER	JANUARY 14, 486 342 AM
to be	SEX 4 RACE White 5. DATE OF BIRTH PAY YE	AR (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
91166	70. BIRTHPLACE (STATE OR FOREIGN TO. CITIZEN OF WHAT COUNTRY? B. MARRIED DIVORCE WIDOWED DIVORCE	BALTIMORE CHY OR COUNTY OF DEATH
8 1/8	10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 12. CEOSS 13. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	120 USUAL OCCUPATION 126 KIND OF BUSINESS OR INDUSTRY U.S. Gov't.
8	USUAL RESIDENCE (IF PURSING HOMEON OTHER INISTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 STATE 136 COUNTY 136 CITY OR TOWN 13d INSIDE CITY LIA 130 VES NO	1 1203 Arcola Hue, 2090
	14 FATHER'S NAME FIRST Lea Joseph Schweer, St. Grace	e McCance
	160 WAS DECEASED EVER IN U.S. ARMED FÖRCES? 160 SOCIAL SECURITY NO. 17. INFORMANT (YES, NO OR UNKNOWN) 11F YES, GIVE WAR OR DATES) 042-14-4026 CLARA R.	Schweer Wife Same as 13
ST. IA	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardina anythmia	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
STON Standing vie corbing or recorbing or re	Conditions, if ony, which (16) Mucantual schools	Kis
Ey the company of the true	gave rise to immediate couse iot, stating the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF LOS COMMENTS COMMENT	osis-severe 445
RDS, 20 equires 1 to buring	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PEATH BUT NOT RELATED TO THE	
N RECO	196 DATE OF OFERATION 196 CONDITION FOR WHO HOPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO YES NO
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75 F 2 3 3	23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMA	ATORY 23d LOCATION CITYORTOWN COUNTY STATE
BP	Burial 1/17/86 Gate of Heaven	Silver Spring Montgomery Md.
DHMH - 16 60M 7/84	24 FUNERAL DIRECTOR Francis J. Collins, RELJr.	JAN 2 2 BY SEGISTRAR 256 REGISTRAR'S SIGNATURE
(VRA 15, 4)	500 University Blvd. W. Silver Spring, Md.	UNIT CI

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

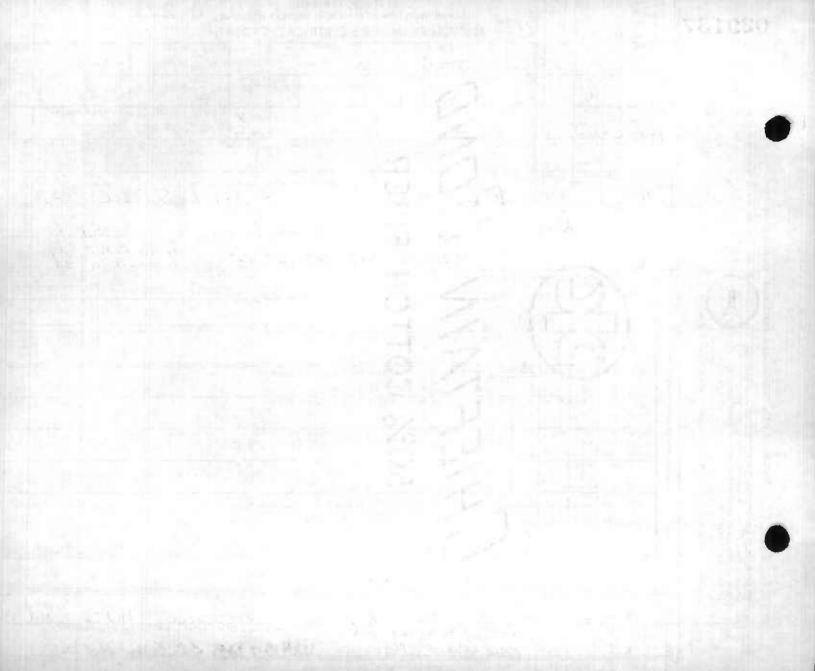
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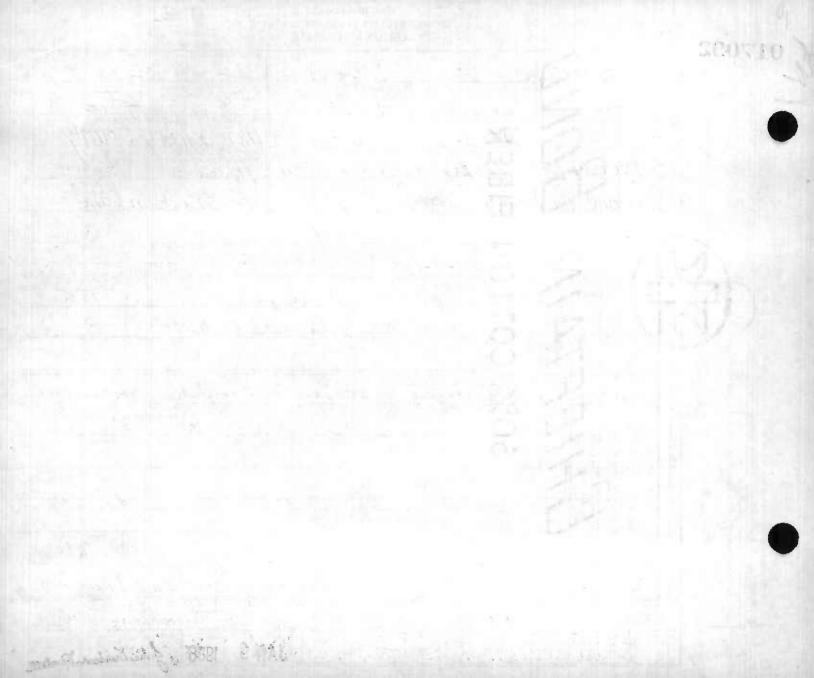
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	OKLAHOMA	UNITED	STATES	WIDOWE		MONTGO	MERY		MD.
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- 27	BETHESDA	2	NAVAL HOS		L	RETIRI	ΣD	U.S.	M.C.
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60	WAS DECEASED EVER IN U	.S. ARMED FORCES? YES, GIVE WAR OR DATES)	166 SOCIAL SECUR	ITY NO.	17 INFORMANT	ADD	RESS		FEE
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AL	OR CONTRIBUTING CAUSE	OF DEATH	M. MONTH DAY	YE AR					
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	sow the deceased of	ve on JANUARY	22 19 8	-	nd that in (my) (our) opinion d	eoth accurred on the	date and hour and		
	22b. SIGNATURE //	did not) view the body	filer deoth		DEGREE		1	22c DATE	SIGNED
	1	().	X	1/1	ATTENDING PHYSICIAN	MEDICAL ST	AFF	17 7	AN 86
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24 F	FUNERAL DIRECTOR	,	ADDRESS		25a DATE	REC'D. BY REGISTRA	R 756. REGISTRAR'S		
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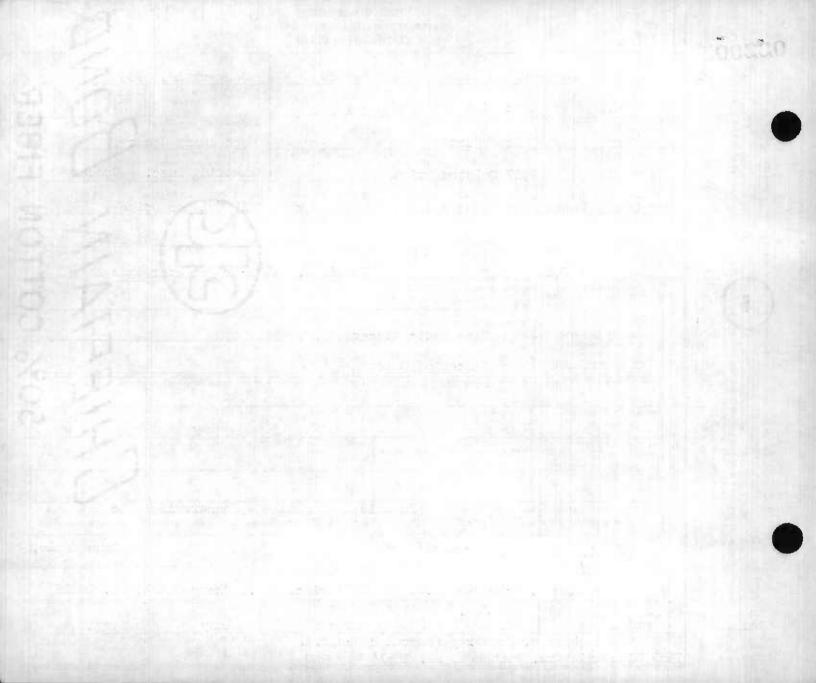
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

- STATE 2a DATE OF DEATH DECEASED NAME 7h HOUR Sevmour Lee Seleznow January 15, 1986 4:50p N 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) 5 DATE OF BIRTH MONTH Male Caucasian August 19, 1920 To BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED New York United States WIDOWED Montgomery County. ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Marketing Exec. Grocery Chevy Chase 2617 Colston Drive USUAL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? Chevy Chase 2617 Colston Drive 20815 Maryland Montgomery 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE Sophie Liberman Seleznow Max 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT LIE YES GIVE WAR OR DATES! Leslie H. Seleznow daughter same as #13 Yes WWI APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one cause per line for rai, (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Shock 1 day DUE TO, OR AS A CONSEQUENCE OF Metastatic Cancer Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF Cancer of Colon PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED NO 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) MEDICA 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME STREET FACTORY OFFICE FARM ETC I 19. 84 to January saw the deceased alive an January 3, above, (I) (we) (did) (did not) view the body after death. 10 86 and that in (my) (Xr) opinion death occurred on the date and have and from the causes stated January 16 MEGREE 22b. SIGNATURE MEDICAL PHYSICIAN XDIRECTOR PHYSICIAN 220 ADDRESS #835 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 5454 Wisc. Ave., Chevy Chase, Md. 20815 Stanley A. Schwartz, M.D. 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Jan. Burial 17, 1986 Judean Gardens 01ney Maryland 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes, P. A. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

7557 Wisconsin Ave. Bethesda, Md. 20814



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Maryland Montgomery Gaithersburg VES NO 861 Clopper Rd. 20878 ILE ATHER'S NAME WIlliam Thompson Fern Hunter ILE ASS DECEASED EVER IN U.S. ARMED FORCES? The SOCIAL SECURITY NO. 1165 NOTHER'S MADEN NAME (IF YES NO. DRIJVANOWN) (IF YES ONE WAS DECEASED EVER IN U.S. ARMED FORCES? THE SOCIAL SECURITY NO. 1165 NOTHER THOMPSON AGAINST ADDRESS NO. 1165 NOTHER THOMPSON AGAINST ADDRESS NOTHER THOMPSON AGAINST ADDRESS NO. 1165 NOTHER THOMPSON AGAINST ADDRESS NO. 1165 NOTHER THOMPSON AGAINST AND DEATH OF A SETWERN OME! AND DEATH OME! AND DEATH OF A SETWERN OME! AND DEATH OF A SETWERN OME! AND	7	AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	Τ
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270 Certify that I taak charge of the remains described abave, held an Autopsy X. Inspection Inquiry, and in my apinian death resulted fram: Natural causes X. Accident, Suicide, Homicide, Undetermined manner, ACTUAL SIGNATURE		C20000 C100000 A A A A A A A A A A A A A A A A A	STATE
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		death resulted fram: Natural causes X. Accident , Suicide , Homicide , Undetermined manner ,	
EXAMINER'S NAME Margarita A. Korell, M.d. ASSISTANT MEDICAL EXAMINER SIGNED=11-86 [TYPE OR PRINT] [TYPE OR			
EXAMINER'S NAME Margarita A. Korell, M.d. address 111 Penn Street 230. BURIAL, CREMATION, REMOVAL 236 DATE 1986 236. NAME OF CEMETERY OR CREMATORY 236 LOCATION COUNTY STATE	1	SIGNATURE MULTIPLE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE	1-86
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230 BURIAL, CREMATION, REMOVAL 236 DATE 1986 236 NAME OF CEMETERY OR CREMATORY 234 LOCATION COUNTY STATE	1	(TYPE OR PRINT) Margarita A. Korell, M. G. ADDRESS III Penn Street	
1 (OFFICER) 1 CHY OR TOWN COUNTY STATE			
Gremation Jan 13, Metropolitan Crematory Alexandria Virginia		Premation Jan 13. Metropolitan Crematory Alexandria Vi	
24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral 250. DATE REC'D. BY REGISTRAR'S SIGNATURE			
Homes, PA, 7557 Wisc. Av., Bethesda Md JAN 16 1986			



STATE OF MARYLAND

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TI		CEASED NAME FIL	51	MIDDLE	LAST	20 DATE KNOWN X	MONTH DAY YEAR 26 HOU
H ES S.S. ES H	1		JOAN	KING	SIEMON	DEATH MATED	1-11-86,
JAN	3. SE	X 4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS IF	UNDER I YR. IF UNDE	R 24 HRS. 2c. DATE PRONOUNCED	MONTH DAY YEAR 24 HOL
ON 2 OUR	1	TEMALE WHITE		1953 32 YRS.	NOWS HOURS	DEAD	1-11-86, 3AM
P AR AL		IRTHPLACE (STATE OR DREIGN COUNTRY)	16. CITIZEN OF W	HAT COUNTRY?	RRIED X NEVER MAR		OR COUNTY OF DEATH
NECESSARY, PLEASE FUNERAL DIRECTOR. 5 FOR YOUR FILES. 9, WITHIN 72 HOURS W. PRESTON STREET,		MARYLAND	U.S.A.		OWED DIVOR	CED Montgomery	M
F ANY DELAY IS N AND 3 TO THE FU RETAIN PAGE 5 HOULD BE FILED.	10. C	ITY OR TOWN OF DEATH		SPITAL, NURSING HOME, OR O	THER INSTITUTION	120 USUAL OCCUPATION (TYP	OF WORK 126 KIND OF BUSINESS OR INDUSTRY
A PARTY	0	omus	22901 5	"I'ide" "Road"		NEVER WORKED	NONE
D. 21201 IF ANY DEL 2, AND 3 TO 3. RETAIN P SHOULD BE IN RECORDS.	USU 13a	AL RESIDENCE (IF IN NURSING I	HOME OR OTHER INSTITUTION, G	IVE RESIDENCE BEFORE ADMISSION)	134. INSIDE CITY LIMITS?	13e. STREET ADDRESS	
212 Popularia			MONTGOMERY	COMUS	YES X NO		EL RD. 20841
ST. 2, MD.	I4.F	ATHER'S NAME	WIDDLE	LAST	15 MOTHER'S MAIL		LAST
DEATH OF AND SA PAN OF AND OF		HARVEY	D.	KING	GERTRUI		MULLIGAN
BALTIMORE, MD. 21201 S AFTER DEATH. IF ANY GIVE PAGES 1, 2 AND ITH FORM PM 3. RETA PAGES 1, AND 2 SHOUL NISION OF WHAIL RECO	160.	WAS DECEASED EVER IN U.	S. ARMED FORCES?	166. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	
BALTIMA E GIVE PA MITH FOR PAGES 4		NO		214-60-2063	JEAN KI	ING SP	ENCERVILLE. Md.
		IE CAUSE OF DEATH (En	er only one couse per line	e for (o), (b), and (c).)			APPROXIMATE INTERVAL
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是		Conditions, if any, a					
ZOI'W. PRESTON ST., UTT. UTT. UTT. UTT. UTT. UTT. UTT. U		couse (a) stating the u	nder- DUE TO, OR	AS A CONSEQUENCE OF		A STATE OF THE	
7 2 = M = 00	10	7,119 1031	(c)				
DIVISION OF VITAL RECORDS, 22 SCERTIFICATE SHOULD BE EXECU- RITING THE WORD "PENDING" II ROED TO THE CHIEF MEDICAL E SE 3 SHOULD BE USED AS A BURIL E DEPARTMENT OF HEALTH AND OI PRIOR TO BURIAL, CREMATIC	_	PART 2 OTNER SIGNIFICANT CONO	ITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DIS	EASE OR CONDITION GIVEN IN P	ART 1 · a	
L RECORD ULD BE EX "PENDIN" FF MEDIC EF AEDIC HEALTH /	MEDICAL CERTIFICATION						
HOULD ROWN THE LANGE OF HE	43	198 DATE OF OPERATION	19b. CONDI	TION FOR WHICH OPERATION	WAS PERFORMED?		20 AUTOPSY?
WIT OF SHORE SHOWING S	1 8				(2) (C. 14)		YES NO X
MUSION OF VI CERTIFICATE SHITING THE CO DED TO THE CO E S SHOULD BE E DEPARTMENT	8	218 EXTERNAL CAUSE WA		A MONTH DAY YEAR		RED LENTER NATURE OF INJURY IN ITEM 18	
VISION FERTIFIC TING TH ED TO 3 SHOU PRIOR	2	UNDERLYING OR CONTRIBUTING CAUS		MP-11-86, Ca	lught in a l	nousefire after	explosion
THE SEPTIMENT OF S	- By	WHILE NOT WHILE	STREET SAC	TORY, FARM, ETC.]	LOCATION	Road CITY OR TO Comus	Magentil and STATE
T S A S E		AT WORK AT WORK	×	nome 22	901 Struet	Rodu Collius,	, Mary rand
ATE. PATE. P	-	22a I certify that I took	charge of the remains de	scribed obove, held on Aut	opsy . Inspect	on X Inquiry . on	nd in my opinion
MANN MERCENSE MANNE MERCENSE M		death resulted from:	Notural couses	Accident X Suicide	, Homicide	Undetermined monner .	
DIRECTER A		A.	a. A D	N 10	TITLE (SPECIFY)		1 10 00
A H D A H H	1	ACTUAL SIGNATURE	pyre 11	re your	M.D. Assista	nt MEDICAL EXAMINER	DATE 1-12-86
NOE SEE		EXAMINER'S NAME	1				
TO MEDICAL EXAMINER: THE ERIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PATER DEATH, WITH THE STAND OFF. MARYLAND 2	-	(TYPE OR PRINT)	largarita A.	Korell,M.D.		111 Penn Street	
EDSE49	230 8	URIAL, CREMATION, REMOV		23c. NAME OF CEMETERY		23d. LOCATION CITY OR TOWN	COUNTY STATE
07/84 BP	24.5	UNERAL DIRECTOR	1-14-1986	CHAMBERS C	REMATORY	RIVERDALE,	P.G.C. Md.
DHMH - 17		NAME	ADDRESS			REC'D. BY REGISTRAR 256 REGI	
(VR A15 ME (5))	V	. W. CHAMBERS	CO. INC.	SILVER SPRING	· Mo.	N 1 6 1986	my and alle

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O. . HELDER

BALTIMORE,

DIVISION OF VITAL RECORDS,

2005 LULE - LULE - CONTRACTOR -

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1	REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.		
5	DEC	CEASED NAME OR PRINT)	Alice		mn	į	Simon		eary 13, 1	L986	3:30 a.
	3. SE)	Female		4 RACE White		oct.	1, 1911 YEAR	6 AGE LINYEA	RS LAST BIRTHDAY]	IF UNDER 1 YEAR	HOURS MIN.
7	N	RTHPLACE (STATE OF POWNTRY YORK	Heli	U.S.A.	VHAT COUNTRY?	WIDOWE		Mo	ecity <u>or</u> coun ontgomery		MD.
		Potomac		10040	Falls Ro	ad ess)	DR OTHER INSTITUTION	Retire	ed Sales (anager)
5		al residence (18 NUR STATE Taryland	13b COUN Mon	other institution tyomery	GIVE RESIDENCE BEFORE 13t. CITY OR TOW Potoma	ADMISSION) OC.	13d INSIDE CITY LIMITS?		odress / zip co	20854	
	14 FA	George		MIDDLE	Coury		Mary	AME		(Unknown	i)
	160 W	NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	002-03-6		Joseph Simon	9 Garre	ett Ct. De	erwood,	Md.20855
4	CERTIFICATION	gove rise to im couse (a), stati underlying cous PART 2 OTHER SIG	ng the e lost NIFICANT ((c) CONDITIONS <u>CO</u>		EATH BUT	Melli /a_ NOT RELATED TO THE TERM	AINAL DISEASE	200 IF	GIVEN IN PART 11 YES, WERE FIND II TIFYING CAUSES	
7	MEDICAL CERTIF	21a. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MED	CAUSE OF DEA	TH HOUR A.	M. MONTH DA	YEAR	21c HOW INJURY OCCUR		NO P	YES [] 8 PART OR PART 2}	NO []
	MEC	22s I certify the City of the	This hospi	(AT HOME STRI	e deceased from	50 0	od that (my (our) opinion	10,10	on the date and h		
		m Makanan Gary	P. Fis	sher	lu	Ne	ATTENDING PHYSICIAN PHYSIC	MEDICAL DORECTOR C		evy Chase	3/86
- 1		SURTAL, CREMATION SPEBurial				Gate o	emetery or crematory of Heaven Cem	etery city of	Silver S	Spring, M	Iaryland
	24 FL	1331 Rock	son Wi ville P	neeler F	uneral Ho kville, Md	me, I	ne • 25a. DA	JAN 1	GISTRAR 256 REG		IURE Panda

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DHMH - 16 60M 7/84 (VRA 15, 4)

should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, as IMPORTANT, if them 21 is marked or them 18 shows any injury, or ath

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR STATE

REGISTRAR		CERTIF	ICATE OF DE	AIH	REG. N	10.		
1. DECEASED NAME FIRST	MIDDI	E L	AST		20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
(TYPE OR PRINT) Virgin	ia W.	Sim	oson			1.	3 86	4AM
3. SEX	4. RACE	5. DATE C		YE AR	6. AGE (IN YEARS LAST B	RTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
Female	White	Dec		1905	80	YRS.		
To. BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHA	AT COUNTRY? 8	D NEVER MA	APPIED T	9 BALTIMORE CITY		Y OF DEATH	
Virginia	U.S.A	• WIDOWE		ORCED	MONTGOME	XX		MD.
10. CITY OR TOWN OF DEATH	LIE NOT IN SUCH FAC	PITAL, NURSING HOME C CHITY, GIVE STREET ADDRESS) FE HILL—BETH		NOITUI	12a USUAL OCCUPA (TYPE OF WORK FOR MOST	OF WORKING L	FE) INDUSTRY	
BETHESDA USUAL RESIDENCE (IF NURSING HOME O			COUA		Homemake	T.	Hom	е
	NTY 13c	city or town e thesda		VO 🗌	5215 Ced	zip cod ar Lar	e 2081	4
14 FATHER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S	PST	ME MIDDLE		LA	ST
Lewis	G.	Walker	Mat	tye			Till	
160 WAS DECEASED EVER IN U.S. A	WE MAD OR DATES	SOCIAL SECURITY NO.	17 INFORMAN		ADDI	Cher	ry Chas	e, Md.
(YES, NOOR UNKNOWN) (IF YES, G	2	16-46-3314	Edmund.	G. Si	mpson. 581	l Hill	Lburne	Way,
18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	nly one cause per line	far (a), (b), and (c.)					APPRO: BETWEEN	MATE INTERVAL
	TE CAUSE (o)	nous organ	ue bre	MM S	undrume	WE	/	+ was
		A CONSEQUENCE OF						
Conditions, if any, which	1 10 Res	undared as	torios	clean	us		5	+ 41ais
gave rise to immediate cause (a), stating the	DHE TO OR AS	A CONSEQUENCE OF						
underlying cause last	DOE TO, OR AS	A CONSEQUENCE OF						
PART 2 OTHER SIGNIFICANT	CONDITIONS CONT	RIBUTING TO DEATH BUT	NOT RELATED T	O THE TERM	INAL DISEASE OR CO	NDITION GI	VEN IN PART 1	la
Z	11.1							
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITIO	N FOR WHICH OPERATIO	N WAS PERFOR	MED	200 AUTOPSY?		S, WERE FINDS	
IIE					YES NO		FYING CAUSE:	NO [
210. ACCIDENT WAS UNDERLYING			ZIC HOW INJ	JRY OCCUR	RED (ENTER NATURE OF IN	URY IN ITEM 18	PART T OR PART 2}	
OR COLUMNIA COLUMN OF D	AIR	MONTH DAY YEAR	E.A.					
ON CONTRIBUTING L. CAUSE OF D. ON CONTRIBUTING L. CAUSE OF D.	21e PLACE OF I		ZII LOCATION	Ÿ				
AMILE NOI WHILE	(AT HOME STREET,	FACTORY, OFFICE, FARM, ETC)	STREET		CITY OR T	OWN	COUNTY	STATE
220.1 certify that (I) (this has	ital attended the de	reased from		10 72	to	1/3	10	that (I) (we) last
saw the deceased alive a	12/	F 19 85 . 01	nd that in (my) (c	our) apinian (death occurred an the	dute and hor	ui and fram the	causes stated
	at) view the bady alte	r dearn	DEGREE				22c. DATE	
22b. SIGNA (1) (we) (did) (did n				TELIDALO				SIGNED
	14.11.	- Umas	AI	TENDING		AFF	1/:	2/8/
	or Print	nan Horry.	22e ADDRESS	TENDING TYSICIAN [DIRECTOR PHYS		1/3	3/84
22b. SIGNATED L	/	, M.D.	22e ADDRESS	HYSICIAN [DIRECTOR PHYS	ICIAN 🗌	, b.c.	20016
224 PHYSICIAN'S NAME LIVER RICHARD M.	HUFFMAN L 236 DATE	23c NAME OF C	22e ADDRESS 3301	VEN A	TEEL. AVE, L	WASH.		20016
224 PHYSICIAN'S NAME ITYPE RICHARD M. 230 BURIAL, CREMATION, REMOVA (SPECIET BURIAL)	HUFFMAN 1/6/198	6 Rollyw	220 ADDRESS 3301 /	VEN A	TEEL. AVE, L	WASH.	,)·c.	3/86
226 SIGNAL 226 PHYSICIAN'S NAME ILYPE RICHARD M. 230 BURIAL, CREMATION, REMOVA (SPECIET BURIAL)	HUFFMAN 1/6/198 eph Gawler	6 Hollyw	220 ADDRESS 3301 /	VEW AND EMATORY etery	TEEL. AVE, L	nd, Vi	irginia	20016 STATE

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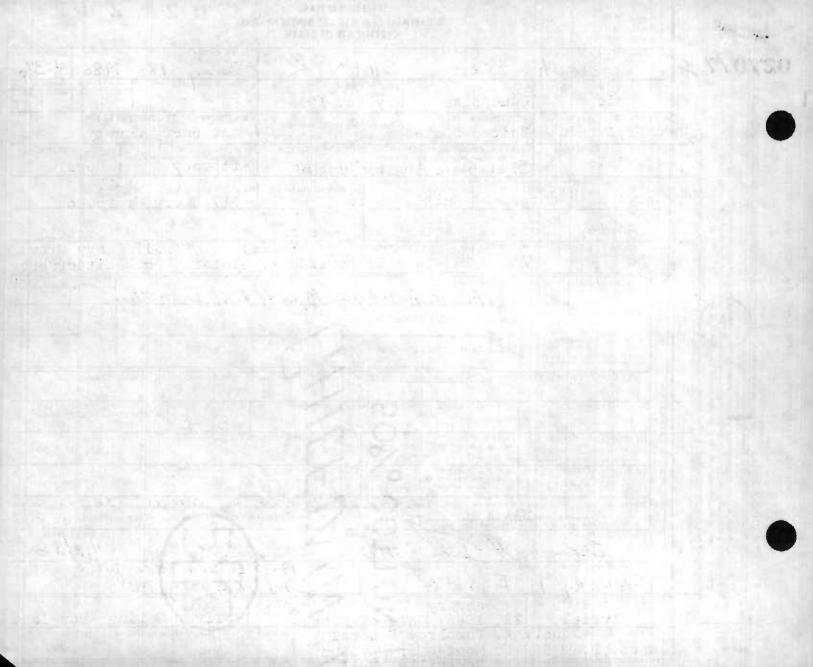
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		CEASED NAME E OR PRINT)	FIRST			MIDDLE			LAST	20	OF EST	HINOM XX	DAY YEAR	26 HOUR
2000			Allan		Gag		L.		ingh		DEATH MAT	1	29 1986	M
A STATE OF S	3 SEX		4. RACE	MONTI		YEAR	LAST BIRTHD				DATE RONOUNCED	HTMOM	DAY YEAR	2d HOUR 5:30P
SA SESTINA		ale			.22,1		26 YI	RS.			DEAD	1	29 1986	0.30F
THE REAL PROPERTY OF THE PERTY	FO	RTHPLACE (ST	ATE OR		IZEN OF WH		RY?		D NEVER MARR	IED X		CITY OR COUN		
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50	DELAY IS NECESSARY, PLEASE AND TO THE FUNERAL DIRECTOR. FIFT IN AAGE & FOR YOUR FILES. FILED WITHIN 72 HOURS FILES. ZOLW, PRESION STREET.	13a S	TATE	136 COL	YTML		CITY OR TOW	N	134 INSIDE		13e STREET A	ADDRESS)a	108	53
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- 2	WIT PASS		18 CAUSE C	F DEATH (Enter	only one cause :	per line for (c	o), (b), ond (c).)			+					XIMATE INTER	
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۵	THIS CERTIFICATE SHOULD WARDED TO THE CHIEF PAGE 3 SHOULD BE USED ITALE DEPARTMENT OF HE 2) 201 PRIOR TO BURIAL	5	AT WORK	NOT WHILE		Hom	16	106	_//	Het	DR D	ERWCO	8 1	YOUT.	me	D.
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	TO MEDICAL EXAMINER EXECUTE THE CERTIFICAT PAGE 4 SHOULD BE FOI TO FUNERAL DIRECTOR AFTER DEATH, WITH THE BATTAMORE, MARYLAND		EXAMINER'S (TYPE OR PRI	NAME PRIM	11.5	1/1/	MAUL	5		8200W.	250200	a) Au	BOT	Worsh a	14	·k
	TO MEE EXECUTE PAGE 4 TO FUN AFTER D BATTIM	23a.B	JRIAL CREMA	TION REMOVAL		7 //	23c NAME OF	CEMETERY C			23d LOCAT			7635%	700	4
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	(VR A15 ME (5))		1125	- PEARSO	N JUNEE	Home ,	911, V.	9 22:	201	S. C. S. W.	20 %	10 Jul	ia Davis	lan 72.	Page	
	20M 4/B2						-							. 61		



		FOR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL	HYGIENE 0 2	5 2 4
1		- STATE - REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
Pa	distribution the	TOECEASED NAME FIRST	MIDDLE	LAST LAST	28. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
. 0	CKO CE	Joseph		Slot NIK.	January 18	1986 4:39pm
1	4 mo	3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS AST BIRTHDAY)	MONTHS DATE HOURS MIN.
-	oge ones of	Ma1e	Caucasian	May 26, 1935	50 yı	RS.
	eath. P. nerol d n 72 ho	Pennsylvania	United Stat	ALABORE A NEVED MADDIED		
201	by the for filed within	10 CITY OR TOWN OF DEATH ROCKVILLE	Shady Greve	Adventist Hospital	126. USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORK! Attorney	Legal
AND 21	in 24 hav		UNTY 13c. CITY OR	TOWN 134. INSIDE CITY LIMIT hersburgs 1 NO 1	9517 Emory	20877 Grove Road
MARY	ompletel ond 2;	Stanley	Joseph Slot	nik Helen	WIDDLE	Braze11
TIMORE,	be execut on and co s. Pages 1	160 WAS DECEASED EVER IN U.S.	A	security no. 17. Informant (W 8-6828 Loretta		7 Emory Grove 1, Gaithersburg
DS, 201 W. PRESTON ST., B	quires that the death certificat signed by the attending thyste hen please the certification to to burial, crimination in tringval jury, or ath	PART I. DEATH WAS CAL IMMED Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICAN	DUE TO, OR AS A CONS b) DUE TO, OR AS A CONS c) CO	ANTERIOR MYOC		
AL RECORDS	The low re- ricion. Te hos been te hos been sit permit. I giene prior	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR W	HICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. I	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO
OF VIT	SICIAN: Top physici operational certificate rical-transistental Hygin Hem 18 sh	OR COLUMNIA COLUMN	DEATH HOUR A.M. MONTH	DAY YEAR	CURRED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART 2)
DIVISION OF VIT	offending of the business of t	OKCOMINIBUTING CAUSE OF THE EITHER NOTHER MEDICAL EXAM 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OF	FFICE FARM ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
٥	spital or Spital or CTOR: Af for use of for use of Health	saw the deceased alive	an JAN 18 nat view the bady after death.		86, ta TAN 18	haur and fram the causes stated
	SPITAL OR A Spither horn be detached be detached e State Dept. TANI: if herr	226. SIGNATURE	my H Desk	DEGREE ATTENDIN PHYSICIA	MEDICAL STAFF	
	TO HOSPITAL retained by the TO FUNERAL should be deto with the State I	GREGO RY	MiFisher	220 ADDRESS 13	11.10 30 1	nd.
		230. BURIAL, CREMATION, REMOV	AL 23b. DAT January	236 NAME OF CEMETERY OR CREMATO	etery city priown	COUNTY STATE
	BP	Burial	122. 1986	Gate of Heaven	DATE REC'D. BY REGISTRAR 256. RE	ring Maryland
	DHMH - 16 50M 4/82 (VRA 15, 4)	14. FUNERAL DIRECTOR Robe Homes, P.A. 3	SOO W Montage	mery Avenue		baurdoon-Rondalle
	(410, 13, 4)	110m05, 1.A.	oo n. Honego	mery Avenue	400 1086 - I wan	Dan (acon) and



STATE OF MARYLAND 8 5

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

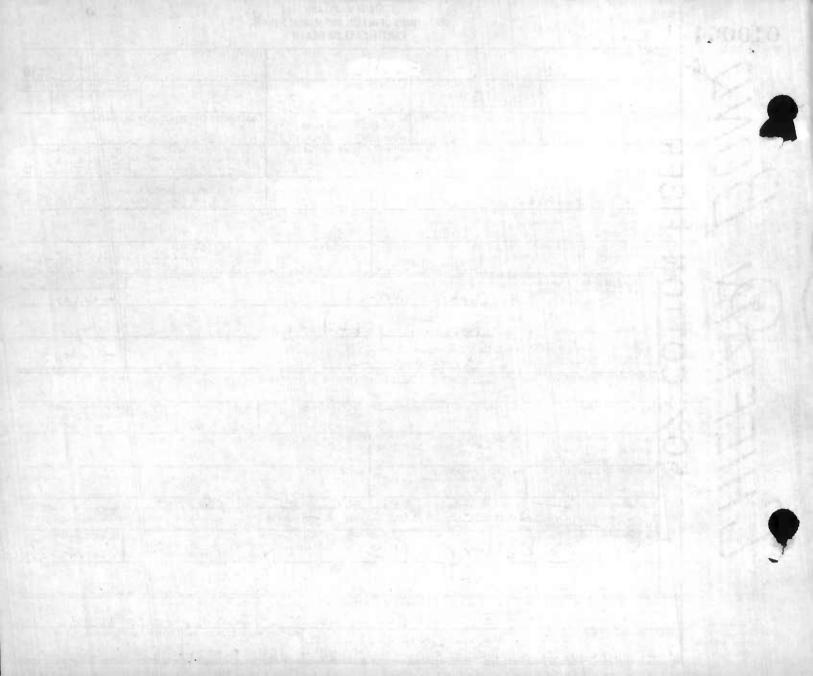
- STATE REGISTRAR REG. NO LAST 20 DATE OF DEATH MONTH DEGRASED NAME 2b. HOUR Minnie Smith January 3 A AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 4 RACE 5. DATE OF BIRTH IF UNDER 74 HR YEAR Female Caucasian 10 1908 Nov. In BIRTHPLACE ISTATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Pennsylvania United States WIDOWED X DIVORCED [Montgomery County CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY CITY Bethesda Suburban Hospita Government Secretary SUAL RESIDENCE HE NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13a. STATE 136 COUNTY 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Penna. Beaver Beaver 388 Laura Street FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE Clarence Ellis Iva Martin 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS 11 Tifton Drive 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 170-30-7535 Richard E. Smith Potomac, MD 20854 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: minutes Cardiac IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF da Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last venuen a PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g 206. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOX YES [NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART 1 OR PART 2) 71a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PM 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION COUNTY CITY OF TOWN STREET AT HOME STREET FACTORY OFFICE FARM ETC.) NOT WHILE 220 I certify that (1) (this hospital) attended the deceased from De saw the deceased alive an Jan 86_, and that in (my) tour) apinian death accurred an the date and have and from the causes stated abave, (1) (wetleted) (did not) view the body after death 226 SIGNATURE DEGREE 22E DATE SIGNED ATTENDING MEDICAL DIRECTOR PHYSICIAN Jan.4, 1986 PHYSICIAN Bradley Blvd. Patricia D. Kellogg, M.D. Bethesda, Maryland 20815 230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84 (VRA 15, 4)

(SPECIFY) Burial

January 8. Beaver Cemetery 4 FUNERAL DIRECTOROBERT A. Pumphrey Funeral Homes 150. DATE REC'D. BY REGISTRAR' 250. REGISTRAR'S SIGNATURE 7557 Wisconsin Ave. Bethesda. MD 20814 PA

23d LOCATION Beaver, Pennsylvania



	1.	FOR	1	STATE OF DEPARTMENT OF HEALT	MARYLANDS	PGIENE 0 2	0 2 /
041015		STATE REGISTRAR	MEI	DICAL EXAMINER'S	CERTIFICATE C	OF DEATH REG. N	10
Water Water	1. DE	CEASED NAME FIRST	1	MIDDLE	Chast +6	20 DATE KNOWN OF ESTI- DEATH MATED	
PLEAS RECTOR R FILES HOUR STREET	3 SEX	1. RACE	S DATE OF BIRTH	YEAR LAST BIRTHDAY) MO	UNDER I YR. IF UNDER	R 24 HRS. 2c. DATE	MONTH DAY YEAR 28 HOUR
T STATE OF	70 8	IRTHPLACE (STATE OR	76. CHIZEN OF WH	AT COUNTRY?		DEAD J	OR COUNTY OF DEATH
S S S S S S S S S S S S S S S S S S S	FC	Ohio	U.S	S.A. WIDO	RRIED ANEVER MARR	CED O	mtsomery MD.
PACK FREE CONTROL	C	Olney	11. NAME OF HOSI (IF NOT IN SUCH FACE	PITAL, NURSING HOME, OR O CILITY GIVE STREET ADDRESS)	Her INSTITUTION	FOR MOST OF WORKING LIFE) Management Di	OR INDUSTRY O . D .
ANY DE ANY DE ANY DE ANY DE CONDUCTOR DE CON		AL RESIDENCE IF IN NURSING HOM TATE 136. COU		ROCKVILLE	13d INSIDE CITY LIMITS? YES X NO		nouse
9 Thinks	14. F/	ATHER'S NAME	MIDDLE		15. MOTHER'S MAID	EN NAME	***
# 5% 5% 5/L		Clarence	Thomas	Smith	Shirle	ertie Ma	voetker(wife)
A SERVEN	16a V	WAS DECEASED EVER IN U.S. A ES, NO, OR UNKNOWN) (IF YES, GI	ARMED FORCES? VE WAR OR DATES)	166. SOCIAL SECURITY NO.	17 INFORMANT	16600°	Summertree Ct.
A SASA		Yes WWI		197-14-5924	Shirley V		rille,Md.20853
IN TENNES		11. CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS IMMEDI	SED BY: IATE CAUSE (a)	AS A CONSEQUENCE OF	myod	rdial Di	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if any, which	th (b)	AS A CONSEQUENCE OF			
DS, 201 W KECUTED KG' IN PEN AL EXAM BURIAL - AND MEN	•	lying couse last.	DUE TO, OR	AS A CONSEQUENCE OF			
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CATE S HE WC THE COLID BE		210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF		MONTH DAY YEAR	HOW INJURY OCCURRI	ED LENTER NATURE OF INJURY IN ITEM TE	YES NO
	MEDICAL	216. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE C		OCATION STREET	CITY OR TOWN	COUNTY STATE
NO, NO,		220. I certify that I took cha	tural causes ,	Accident , Suicide	ppsy , Inspection, Homicide .	Undetermined manner	ind in my apinian
MEDICAL EXAMINOUS ETHICS & SHOULD BE INTEGRAL DIRECTOR IN SOCIETY OF THICKNOWN WITH THE WARN'LAND AND AND AND AND AND AND AND AND AND		ACTUAL SIGNATURE	2/	(ogers,	MD OFF	MEDICAL EXAMINER	DATE SIGNED 1271986
	1	EXAMPLED NAME (TYPE OF PRINT)			ADDRESS		
524548	23a.B	URIAL, CREMATION, REMOVAL		23¢ NAME OF CEMETERY		23d LOCATION CITY OR TOWN	COUNTY STATE
07/B4 BP	24 5	Burial UNERAL DIRECTOR	1/29/186	Norbeck Men	140	Olney M	lontgomery Md.
DHMH - 17 (VR A15 ME (5))	15.5	NAME artner Sandison	316 F.H. Gai	E. Diamond Aver thersburg, Md. 2	nue,	REC'D. BY REGISTRAR 1356 REG	MAN ASHOURE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1	REGISTRAR				CERTIF	ICATE OF	DEATH		REG. NO).	- 1		
*		CEASED NAME ORPRINT) A	ngeli		osemond	Sr	yder		J &		у 17	, 198	6 6:4	5 A
N.C.	3 SEX	Female		White		S. DATE C	DAY	19 ^{YEAR} 2	6 AGE (INV	EARS LAST BIRE	HDAY)	IF UNDER YEAR	HOURS	24 HRS MIN.
1	0	RTHPLACE (STATE OR F COUNTRY) MINNESOTA		USA	WHAT COUNTRY?	8 MARRIEI WIDOWE	4 %	MARRIED		_	-	YOF DEATH County	у	MD.
1		ty or town of DEA ethesda		(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET The Clir	ADDRESS)			126 USUAL (TYPE OF WOR HOU	OCCUPATION SEWI			OF BUSINE	SS OR
1	13g S	AL RESIDENCE (IF NURS TATE aryland	136 COUNT		GIVE RESIDENCE BEFORE 13t CITY OR TOW Frederi	N	YES 🛣	CITY LIMITS?		ADDRESS /			217	701
1	Al	THER'S NAME VDY		DDLE	HUFFOR			S MAIDEN NA HELEN	ME	MIDDLE		ΑΊ	VDERS	SON
		VAS DECEASED EVER (ES. NO OR UNKNOWN) NO		WAR OR DATES	214-42-		Mr.	Charli	e Sny	der,				
		18 CAUSE OF DEATH PART I. DEATH W		BY	line far ia), (b), and Cardiopu		ry Arr	est				APPRO BETWEEN	XIMATE INTER	VAL DEATH
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		cause (0), statin underlying cause	g the last.	((c)	RAS A CONSEQUE Myocardi	al In							lours	
	TION	(R) Part	ietal	Meningi	oma									
1	CERTIFICATION	January	15,198	6	TION FOR WHICH	OPERATIO			YES X	NO	IN CERTI	S, WERE FIND FYING CAUSE ES	S OF DEAT	TH?
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	MED	21d INJURY OCCURE WHILE NOT WH AT WORK AT WOR	RK -		EET, FACTORY OFFICE, F		21f LOCAT	1		CITY OR TOV		COUNTY	\$1	TATE
	3	220.1 certify that XL sow the decease abave (we) (a	ed alive an	J/an/ua	ry 1719	86an	d that in (X)	6 19 8 5) (aur) apinian	death accurre	d on the da	y 17 te and hou	19_86 ur and fram the	that 🕱 (w	ve) last ited
		226 SIGNATURE	41	500	n_			ATTENDING PHYSICIAN	MEDICAL DIRECTOR		IAN 🗹	1-18	SIGNED	,6
		PAUL L	BOG	sees				ical C	onal enter	Insti , Bei	thes	es of da, Md	Heal . 20	th 892
		URIAL, CREMATION, BURTAL	REMOVAL	1/20/86			EMETERY OR L Cemete	CREMATORY	Suitl's		Princ	ce George	es MD)ATE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

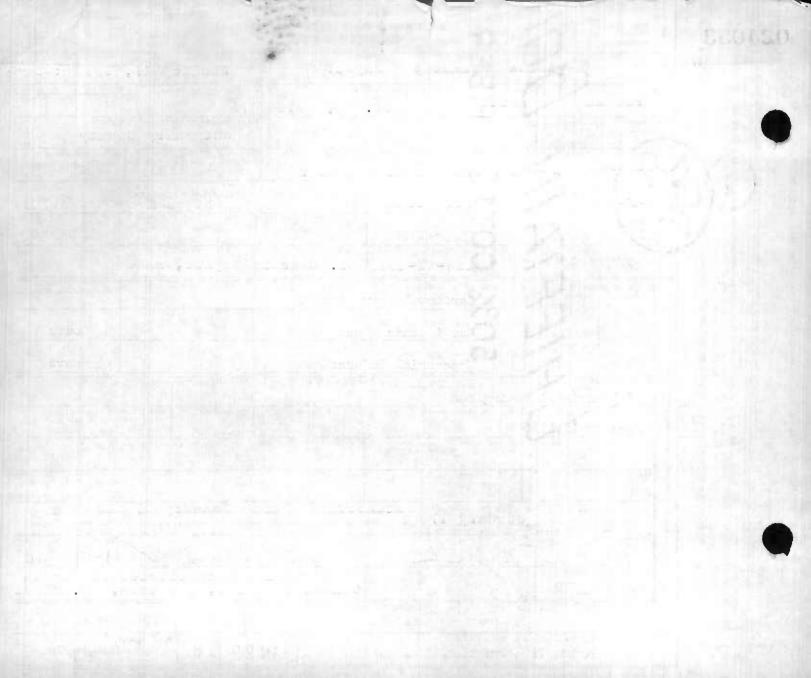
DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR G. DOUGLAS STAUFFER 1621 Opossumtown Pike, Frederick, OMD 21701

1250 DATE REC'D BY REGISTRAR 200 REGISTRAR'S SIGNATURE

MDATE

Prince Georges



STATE OF MARYLAND - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 029089 REG. NO. DECEASED NAME FIRST 20. DATE KNOWN X (TYPE OR PRINT) ESTI-Helen DEATH MATED Snyder 1986 4 RACE 6 AGE (IN YEARS IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED Female. White Dec. 26, 1904 .86 81 DEAD YRS Th CITIZEN OF WHAT COUNTRY BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED II.S.A. West Virginia WIDOWED X DIVORCED Montgomery County 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY 14111 Chesterfield Road Rockville Housewife Home JAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS West Virginia Tucker Davis YES X Henry Avenue 26260 NO F ATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST MIDDLE UNKNOWN Frank Pauline Sedo 6a. WAS DECEASED EVER IN U.S. ARMED FORCES? 7 INFORMANT 166 SOCIAL SECURITY NO ADDRESS CHESTER FIELD RD 234-82-6977 Oliver Steinfort Rockville, MD. 2085 No 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Acute myocardial disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to None 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? None YES T NO X 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 214 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR OR UNDERLYING None CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 21f LOCATION STREET, FACTORY, FARM, ETC. 1 WHILE AT WORK CITY OR TOWN COUNTY STATE 220 I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion death resulted from Haniral causes X Accident Suicide Homicide Undetermined monner TITLE (SPECIFY) Deputy 1/17/86 SIGNATURE MEDICAL EXAMINER 1919 Seminary Road PAGE TO FUI AFTER BAYTIN John S. Rogers, M.D. Silver Spring, Montgomery County, Md. 230. BURIAL, CREMATION, REMOVAL 236. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY Burial Mt. Calvary Tucker Co. 24 FUNERAL DIRECTOR Rockville Pike Rockville, MD 20852 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 17 (VR A15 ME (5))

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STATE OF MARYLAND STATE OF MARYLAND & 6 DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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, 022057	FOR 1 - STATE REGISTRAR	DEPARTA	STATE OF MARYLAND STATE OF MARYLAND STATE OF MARYLAND CERTIFICATE OF DEATH	6 0 2 5	3 0				
9 6 6	1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 26. HOUR							
You go	3. SEX	4 RACE	5. DATE OF BIRTH	6 AGE GAN YEARS LAST BIRTHDAY]	IF UNDER I YEAR IF UNDER 24 HRS				
ector ors of	Male	White	oct. 17 1900	85 YRS.	MONTHS DAYS HOURS MIN.				
inerol dii in 72 ho	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Washington, D.C.	76 CITIZEN OF WHAT COUNTRY?	MARRIED MEVER MARRIED WIDOWED DIVORCED	Montgomery C					
free c	Bethesda	Carriage Hill	- Bethesda	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE President	12b. KIND OF BUSINESS OR INDUSTRY Macon Inc.				
AND 212	USUAL RESIDENCE (IF NURSING HOME 130. STATE Maryland Mor	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)	13. STREET ADDRESS / ZIP CODE 9119 Aldershot	Drive 20817				
MARYL ord 230	14 FATHER'S NAME FIRST Thomas	MIDDLE Somervil	le, Jr Anna	May	Jackson				
MORE,	160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES.	ARMED FORCES? 166 SOCIAL SECU 578-07-1		ADDRESS Mar eryon. 11717 Eni					
Bed by the union of prices for the union of prices for the union of prices for the union of the	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CONSCIDE Ib) DUE TO, OR AS A CONSEQUE (c) T CONDITIONS CONTRIBUTING TO D	terrosclasofn		EN IN PART IIO				
ION OF VITAL RECORD THIS ICLAN, The learness and the physician has certificate that been in has certificate that been in has certificate that been in has certificate that the certificate an internal thygicans prior to an internal thygicans prior to an internal thygicans prior to	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMINATION OF COURRED)	216 TIME OF INJURY HOUR A.M. MONTH DA NER) P.M. 216 PLACE OF INJURY	Y YEAR 19 211 LOCATION	IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO ART LORPARI 2) COUNTY STATE				
HOSPITAL OR ATTENDING PRINCIPLE BY THE NOGATION OF OTHER PURITY AND THE POST OF THE STATE DEPT. OF THE STATE DEPT. OF THE STATE DEPT. OF THE STATE DEPT. OF THE STATE OF THE S	220 I certify that (1) (the horses we the deceased alive	portal) ottended the deceosed from 198 mot) view the body after death. LE OR PRINT) DE (PER M. D.	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	death accurred on the date and house the date of the d	19 26, that (h) (we) last				
01 8413	23a BURIAL, CREMATION, REMOV.	AL 236. DATE 23c. N	AME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE				
BP	Cremation	Jan. 13, 19864t	· Comfort Cremator	y Alexandria	Virginia				
DHMH - 16 60M 7/B4	5130 Visc. Ave.	ph Gawler's Sons	Inc.	AR A	RAR'S SIGNATURE				

(VRA 15, 4)

5130 Wisc. Ave., N.W. Wash., D.C.

DHMH - 16 60M 7/B4

(VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE REGISTRAR

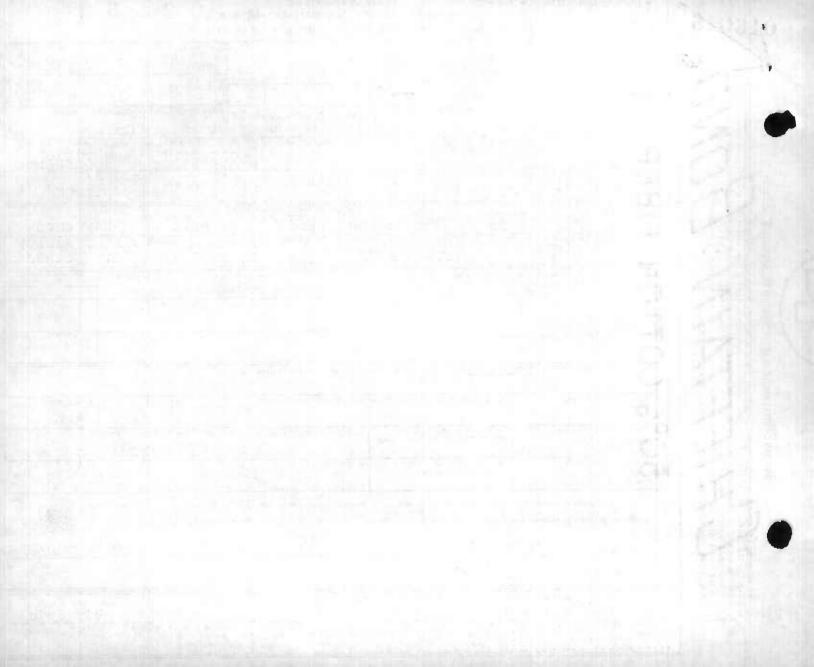
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL RYGIENE

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		REGISTRAR				CF	KIIFI	CATE OF DEA	ATH		REG. N	10				
1/4		CEASED NAME	FIRST	-	MIDDLE		LAS	1		20. DATE OF		MONTH	DAY YEAR	2b H	OUR	-
	(TYPE	ORPRINT) DORO-	+49				SPI	ELBER	G	30		1 -	7-86	3	S AA	А
	3. SE)	X		4 RACE	1 1 1 1		ATE OF			6 AGE IN YEA	ARS LAST BI	RIHDAY)	IF UNDER 1 YEAR		IDER 24 HRS	_
		Female		Cauc	asian		uly	10, 189	YEAR 5	90		YRS.	MONTHS DAYS	HOU	RS MIN.	
1	7e. BII	RTHPLACE (STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUN	VTRY? 8	ARRIED	☐ NEVER MAR	RRIED .	9 BALTIMOR						
		atvia		USA			DOWED					30ME	TRY		WE).
1		TY OR TOWN OF DEA	TH	(IF NOT IN SUC	FACILITY, GIVE	STREET ADDRES	SS)	OTHER INSTITU		12a USUAL O	FOR MOST O	OF WORKING LI	12b. KIND (INDUSTRY		INESS OR	
4		OCKVILLE AL RESIDENCE (IF NURSI	ING HOME OF	Hebre	w Home	of G	reat	er Wash	ingto	h Natur	alt	st zatior	Unite	ed I	ZATE	_
	13a. S		13b. COU		13c. CITY OF			13d INSIDE CITY	LIMITS?	13e.STREET AL	DDRESS	/ ZIP COD	E	.10	10	
1		aryland	Mont		Rock	ville		YES N	O XX	6121	Mont	trose	Road	(1)	12	
1	14. FA	ATHER'S NAME		WIDDIE	LAS	s.T		IS. MOTHER'S M		ME	MIDDLE		LA			Г
		Harry			Wasser		-	El		ESTIT	WIDDLE		Į A	51		
1		VAS DECEASED EVER		MED FORCES?	166. SOCIAL	SECURITY	NO.	17 INFORMANT			ADDR	ESS F,C	. Va.	2204	14	
		no	(# 123.01	E WAN ON DATES!	091	26 72	67	Martin	Spiell	berg:63	365 (
		18 CAUSE OF DEATH	H (Enter or	nly ane couse per	line far 101, (b), and ici									NTERVAL AND DEATH	=
		PART I. DEATH W.		D BY: TE CAUSE (a)	CARI	DIAC	AN	erest								
	7	88-	7					1			199					-
		Canditians, if any,	subtak	DUE TO, OI	RASACONS	SEQUENCE	OF						3	-4	DAY	
		gove rise to imm	nediote	16)					-						- 11	-
		cause (a), stating underlying cause		DUE TO, OF	RASACONS	TO CK		DECUB	17710				1	Mo	NTH	
		DARKS CYLERCION	UELE LLIE	(c)									- '		10 1 17	=
,	NO	RECENT		P FRACT		(11/85)	1 0	LD CV					PLEGIF			
1	TAT	190 DATE OF OPERAT	HON	196 CONDI	TION FOR W	HICH OPER	RATION	WAS PERFORM		20a AUTOP	-	20b. IF YE	S, WERE FIND	NGS U		-
2	CERTIFICATION									YES 🗆	NON		FYING CAUSES ES 🗍		EATH?	
13	Ü	210. ACCIDENT WAS UND		216. TIME O	F INJURY M. MONTH	DAY	VEAD	21c HOW INJUR	Y OCCURR	ED (ENTERNATU	IRE OF INJU	JRY IN ITEM 18	PART I OR PART 2)			_
	¥.	OR CONTRIBUTING C		AIII		DAI	19									
	MEDICAL	21d. INJURY OCCURR		21e. PLACE	OF INJURY			211 LOCATION					COUNTY			-
1	2	WHILE NOT WH	RE 🗀	(AT HOME STR	EET. FACTORY, O	OFFICE, FARM E	TC)	STREET			CITY OR TO)WN	COUNTY		STATE	
		22a. I certify that		ital) attended the	e deceosed f	from		8/11	19.84	to		1/7/	19.86	thou	(we) lost	-
^		sow the decease abave (1) (we) (d				19 86	, and	that in my (au	r) apinion d	leath accurred	on the d	ate and has	ui and from the	causes	stated	
1		226 SIGNATURE	ila i i ala no	Tyview the bady	atter death		DI	GREE					22c DATE	SIGNI	ED	-
		Sta	nley	- Cittle	1, MD			ATTE	NDING X	MEDICAL DIRECTOR	STA PHYSIC	FF CIAN	1/	7/8	6	
	1	22d PHYSICIAN'S NA	ME (TOEC	PRINT)	1	5-113		22e ADDRESS	121	MONTR	910	RD				Ī
		STA	VLE	y Cu	LUR				ROCK	ville	, M	Da	0825			
	23e B	SURIAL, CREMATION, I	REMOVAL	23b. DATE		23c. NAME	OF CE	METERY OR CRE	MATORY	23d. LOCAT	ION		COUNTY "		STATE	Ī
		Burial	AMC.	Jan. 8	1986	King	Dav	id Mem'	l Parl			Churc	ch, Va,		alait	
74	24 FU	INERAL DIRECTOR			400	DECC			25e DATE	REC'D. BY REC	GISTRAR		TRAR'S SIGNA	URE		
	IV	res-Pearsor	Fun	eral Hon	nes, Fa	alls (Chur	ch, Va.	JAN	9 198	36	Julia	Davidan	D	J. 00	

JAN S 1936 July Street MAL

	1	EILM G611 111618	b kam st		MARYLAND	6 0 2 5	7 2
016016	1-	FÖR STATE	DEPARTMENT O			MIGIENE U & J	12 65 m
OTOOTO		REGISTRAR	MEDICAL EXAMI	NER'S	CERTIFICATE O	F DEATH REG. NO.	
/.		CEASED NAME FIRST PE OR PRINT)	WIDDIE		LAST	OF ESTI-	ONTH DAY YEAR 26 HOUR
38.83 E	1	Jean	Winifred		Stainton		1/8/1986
SPECE X	1 SE		MONTH DATE OZ 9 TH 1932 6. AGE (IN	YEARS IF UI	NDER 1 YR. IF UNDER	24 HRS 2c. DATE MC	DNIH DAY YEAR 24 HOUR 8:20
(0200%)	1 H	Caucasta	n December 52	PRS.	INS DATS HOURS	DEAD	1/ 9/ 19 86 A M
A Se	FI	OREIGN COUNTRY)	b. CITIZEN OF WHAT COUNTRY?	8 MARE	RIED X NEVER MARRI	9 BALTIMORE CITY OR C	OUNTY OF DEATH
P. FORES	Un	ited Kingdom	United States	WIDOV	WED DIVORC	ED Montgomery C	county MD
SARAS	10. C	ITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSING HO	ME, OR OTH	HER INSTITUTION	120 USUAL OCCUPATION (TYPE OF V	WORK 126 KIND OF BUSINESS
\$08.20V	1	Bethesda	6011 McKinley St.			Consular Assistant	Britash Consulate
DEADS B		AL RESIDENCE (IF IN NURSING HOME OR COUNTY	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMIS		13d INSIDE CITY LIMITS?		20817
2 大学		aryland Montg	omery Bethesda		YES NOX	6011 McKinley	Street
18 and 18	14 F	ATHER'S NAME	MIDDLE		IS MOTHER'S MAIDE	N NAME	1407
W 5500 2500 /		1100	omas Steadma	n	Edith	Rose	Lawrence
0 00000	160.	WAS DECEASED EVER IN U.S. ARME		ITY NO.	17. INFORMAN (Hu	sband) ADDREGO	Il Mc Kinley
E FATTAS /	1	No N/A		522		W. Stainton, S	St., Bethesda
- X X X X		18. CAUSE OF DEATH (Enter only	ane cause per line far (a), (b), and (c).)			Mary	
ON ST. 24 HOU 10NG 10NG 19IENE, VAL.		PART I DEATH WAS CAUSED E	GY:	arbon	Monoxide I	Poisoning	BEI WEEN ONSET AND DEATH
PRESTON ITHIN 24 ICIL IN ITE VER ALON ANSIT PEI AL HYGIE REMOVA		INVICOIATE	DUE TO, OR AS A CONSEQUENCE	E OF		1-47-6-1	
W. PREST WITHIN SINCIL IN AINER A AINER A TRANSIT VITAL HY OR REMC		Canditians, if any, which gave rise to immediate	(b)				
OI W. PI TED WITH V PENCII XAMINE AL-TRAN MENTAL N, OR RE		cause (a) stating the under-	DUE TO, OR AS A CONSEQUENCE	OF			
XECUTE VG" IN F CAL EXA BURIAL AND ME		lying cause lost.	(c)				
AAN BURE		PART 2 OTHER SIGNIFICANT CONDITIONS COL	NIRIRUTING TO DEATH BUT NOT RELATED TO THE TE	RMINAL DISEAS	SE OR CONDITION GIVEN IN PAI	RT 1 o	
PECORDS D BE EXECTION ENDING: AS A BU AS A BU CREMATI	NO						
S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR STITE THE SHOULD BE EXECUTED WITHIN 24 HOUR PRINGE IN WEARL IN THEM IS RETHED THE WORDS "PRINGE" IN PERFORM PREDICAL EXAMINER ALONG WE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT E DEGRAMENT OF HEALTH AND MENTAL HYGIENE, IN PRINGE TO BURIAL, CREMATION, OR REMOVAL.	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH OP	RATION V	VAS PERFORMED?		28 AUTOPSY?
585 E 285 E	1 8						YES MO
OF THE WEN	9 8	210 EXTERNAL CAUSE WAS	POUR A.M. MONTH DAY YE	21c H	OW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM 18 PART)	OR PART 2)
S S S S S S S S S S S S S S S S S S S	MEDICAL	CONTRIBUTING CAUSE OF DE	ATH 12:30AM 1/9/ 19	86 su	bject found	d in auto in clos	ed garage
DIVIS IS CER I IR TRITING IN TRIT	AED	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.)		CATION	CITY OR TOWN	COUNTY STATE
TAAAAT	-	WHILE NOT WHILE X	garage	60	11 McKinley	St., Bethesda,	
ATE, T			of the remains described above, held an	Autop	asy X, Inspection	Inquiry . and in	my apınian
NE STATE		death resulted fram: Natural	couse Accident .	vicide [Homicide .	Undetermined monner X	
WITH WARY			11/2		TITLE (SPECIFY)		
A H D A H H		ACTUAL SIGNATURE	1/1	N	Assistant	MEDICAL EXAMINER	DATE 1/10/86
DEA STAN		EXAMINER'S NAME	100				
TO MEDICAL EXAMINER: TEXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P. AFRER DEATH, WITH THE STAME MARYLAND, 2.		(TYPE OR PRINT) GTE	gory R. Kauffman,			111 Penn St.	
PA DA PA	23a.E	URIAL, CREMATION, REMOVAL 236	Motro	EMETERY C	R CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
07/84 BP			L'rema	tory		Alexandria	Virginia
DHMH - 17		UNERAL DIRECTOR Obert			Home's DATE R	REC'D. BY REGISTRAR 256 REGISTRA	AR'S SIGNATURE
(VR A15 ME (5))	1.	A. 7557 Wiscon	sin Ave., Bethe	sda,	MD JA	N TO MOD	



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

requires that the death certificate

TO HOSPITAL OR ATTENDING PHYSICIAN The low retained by the hospital or offending physician

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR			CEKIII	ICATE OF DEATH	REG.	NO.		
DECEASED NAME FIRST		AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR		
(TYPE OR PRINT)	EL G	ROVER	S7	TAMBAUGH	JANUARY	13.	1986	10:040
SEX	4 RACE		S. DATE C	OF BIRTH	6 AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER I Y	
Male	CAucas	ian	Sont	ember 3.1888	97	YRS		TS HOURS MIN.
BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF		TRY? 8	_	9 BALTIMORE CITY			1
Maryland	USA		WIDOWE	D NEVER MARRIED DIVORCED D	Man	taome	h II	M
CITY OR TOWN OF DEATH		HOSPITAL, NI		OR OTHER INSTITUTION	120 USUAL OCCUP	ATION	12b. KIN	D OF BUSINESS OR
Bethesda	Bohton	da Hoal	th Cent	on Inc	Guard/Tou			
ISUAL RESIDENCE LIF NURSING HOM	OR OTHER INSTITUTION	GIVE RESIDENCE	BEFORE ADMISSION)					ocort .
100 01	tgomery	Rockvi	llo	13d INSIDE CITY LIMITS?	130 STREET ADDRES			20853
FATHER'S NAME		Into Cicon	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	15 MOTHER'S MAIDEN NA	ME			
Isaac	MIDDLE	Stambai	iah	Margaret.	Naomi			Fick
60 WAS DECEASED EVER IN U.S.	ARMED FORCES?		SECURITY NO.	17. INFORMANT		DRESS		FACR
Yes NO OR UNKNOWN) (15 YES	GIVE WAR OR DATES)	577-5	6-0553	Thomas H. Sto	ambauah S	on	Same as	13
18 CAUSE OF DEATH (Ente				Tritomos III Sia	amenagn S	070		ROXIMATE INTERVAL
PART I. DEATH WAS CAS			1	cerebrova	JA. 1 Oc.	11.00	BETWI	LICOUS
IMMED	TATE CAUSE (0)	12	runal	ace 100	percent a	and a	er p	y cons
Conditions, if ony, which gove rise to immediate couse to, stating the	(b)	IP AS A CONS	SEQUENCE OF					
underlying couse lost	(6)					- 234		
	T CONDITIONS C	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	NOITION	GIVEN IN PAR	Na
<u>o</u>		pnu	uma					
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19h CONO	ITION FOR W	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b IF	YES, WERE FIN	IDINGS USED SES OF DEATH?
E					YES NO	1	YES [NO [
210. ACCIDENT WAS UNDERLYING	110110		DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF	NJURY IN ITEM	18 PART I OR PART	2)
OR CONTRIBUTING CAUSE OF	DEATH	.M.	19					
OR CONTRIBUTING CAUSE OF CIFEITHER NOTIFY MEDICAL EXAM		OF INJURY	FFICE FARM ETC)	211 LOCATION	CHYOR	TOWN	COUNTY	STATE
MHILE NOT WHILE AT WORK	(AT NOME 3)	ALET, TACTORT, O	Trice Parm Cicy					
220.1 certify that (1) (this ha	spital) attended th	ne deceosed f		980 , 19	, to	186	_, 19	that (I) (we) lost
sow the deceased alive above, (1) (we) (did) (did	on entitle		19 86 . 00	nd that in (my) (our) opinion	death accurred on the	dote and l	hour and from	the couses stated
22b. SIGNATURE				DEGREE		VA. 3	22c. D/	ATE SIGNED
		10	1	ATTENDING PHYSICIAN	MEDICAL S'	SICIAN		1/18/86
228. PHYSICIAN'S NAME (TY				22e ADDRESS				
0307	4 LE	KAGUL,	M.D.	7425 ARLINGT	ON ROAD BE	ETHEST	DA. MAR	YLAND 208
30. BURIAL, CREMATION, REMOV				EMETERY OR CREMATORY	236 LOCATION			
(SPECIFY)				and and on enemander	100 COCATION			
Burial	1/16/	86		on National	Arlingt	on	COUNTY	Virginia

DHMH - 16 60M 7/B4

BP.

(VRA 15, 4)

500 University Blvd. W.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physican and certificate should be detached for use as the buriol-transit permit. Then please remove carbonopoper. Fuger and with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

MAORIANI: If them 21 is marked or them 18 shows any injury, or other troumatic event, the mindran cransition.

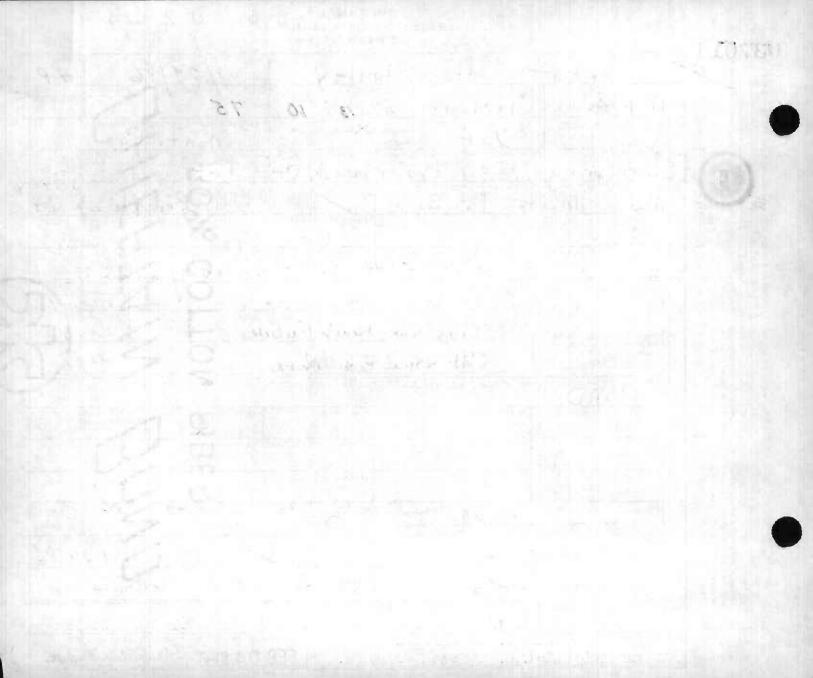
Silver Spring.

1986

J. L. L. A. L. X

TANDS CANTINGAT "YOUTHER DAYS WAS ASSETTED BY THE TRANSPORT.

STATE OF MARYLAND



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	I DECE

funeral director, page 3 thin 72 hours after death

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1 -	REGISTRAR				CERTIF	ICATE OF DE	ATH	REG	, NO.		
		CEASED NAME FI	RST	A	AIDDLE	Y. L. L.	AST	139/4	20 DATE OF DEATH	HINOM H	DAY YEAR	Th HOUR
/	TIPE	S	amue1	Sh	elton	Stan	ton		January	9, 1	986	11:00am
)	3 SE>		4 RA	CE		5 DATE C			6. AGE (IN YEARS LAS	BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
- 1	Ma	ale	Ca	ucas	ian	Jun	e 17,19	914	71	YRS		MIN
1		RTHPLACE (STATE OF FORE			WHAT COUNT	AA A DOUG	D NEVERMA	ADDIED [9 BALTIMORE CIT	Y OR COUNT		
5	F	lorida	Un	ited	State	es WIDQWI	DIV	RCED	Montgom	ery C	ounty,	MD.
1	1	TY OR TOWN OF DEATH	11. 1	NAME OF H	OSPITAL, NUI		OR OTHER INSTIT	NOITU	120 USUAL OCCUP		IFE) INDUSTRY	BUSINESS OR
-	200						rive		Engineer		Consu	0
6	Ma Ma	AL RESIDENCE IN NURSING INTATE ATYLAND MO	COUNTY ntgom	ery	ROCKV	efore admissioni	13d INSIDE CIT	Y LIMITS?	13 STREET ADDRES	S ZIP COD	208 all Dri	851 ive
4	14 FA	THER'S NAME					15 MOTHER'S	MAIDENNAM				
1		Samue1	MIDDLE	Stan	ton		Lu		WIODE		Kah	
	16a W	VAS DECEASED EVER IN L	J.S. ARMED		419 1	ECURITY NO.	17 INFORMAN	T 50	n AD Stanton	6020	Wilson	Lane_
	1	140			419 1	0 0/44	Suerp	у L.	Stanton	Bethe		20817
		B CAUSE OF DEATH E	nter only and	e couse per	line far ia . (b	and (c)		1/		NO. F	BETWEEN OF	NATE INTERVAL NSET AND DEATH
			MEDIATE CA	USE (a)	Care	lio kes	s. arre	st			1ma)_
				DUE TO, QE	AS & CONSE	QUENGE OF	o Cur					
	201	Conditions, if ony, wh		(b)	Thet	2 Stale	o cu	unon	na)			
	- 1	gave rise to immedi	the 1	DUE TO, OR	AS A CONSE	QUENCE OF					14.813	
		underlying couse I	<u>ast</u>	(c)								
	z	PART 2 OTHER SIGNIFIC	CANT COND	ITIONS CO	NTRIBUTING	TO DEATH BUT	NOT RELATED T	O THE TERM!	INAL DISEASE OR C	ONDITION GI	VEN IN PART IIa	
n.	CERTIFICATION	19a. DATE OF OPERATION	v 1	9h CONDI	TION FOR WH	ICH OPERATIO	N WAS PERFOR	MED	20a AUTOPSY?	20h. IF YE	S, WERE FINDING	GS LISED
-	FIC								YES NO	IN CERT	IFYING CAUSES	
-	ERT	210. ACCIDENT WAS UNDERLY	ING 2	16. TIME OF	FINJURY		21c HOW INJU	JRY QCCURR	RED (ENTERNATURE OF			140
		OR CONTRIBUTING CAUS			M. MONTH							
	MEDICAL	21d INJURY OCCURRED		P.A		19	211 LOCATION	١				
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		220 certify that (1) (the		ttended 1he	deceased fro	m . 12	13	10 25	to	1/8	10 86 11	hot (I) be tast
	1	saw the deceased a	live an	12/3	21	0	nd that in (my) H	apinian d	death occurred on th	e date and ha		
		obove, (I) (we) (did)	(did not) viev	v the body	offer death		DEGREE				22c DATE S	IGNED
		Pakel.	7.0	Dina	es in	2)	AT	TENDING	MEDICAL S	TAFF	Jan.	9,1986
		22d. PHYSICIAN'S NAME	(TYPE OR PRINT	1)	~ ()]		22e ADDRESS	NOICIAIV A	J DIRECTOR PHI	JICIAN L	lo all t	2,1000
		Carol B					11510	01d	Georgeto	wn Rd	. Rocky	ville,M
	23a B	URIAL, CREMATION, REA	AQVAL 23t	DATE	Jan. 2	36 NAME OF C	EMETERY OR CR	EMATORY	23d LOCATION		COUNTY	STATE

BP.

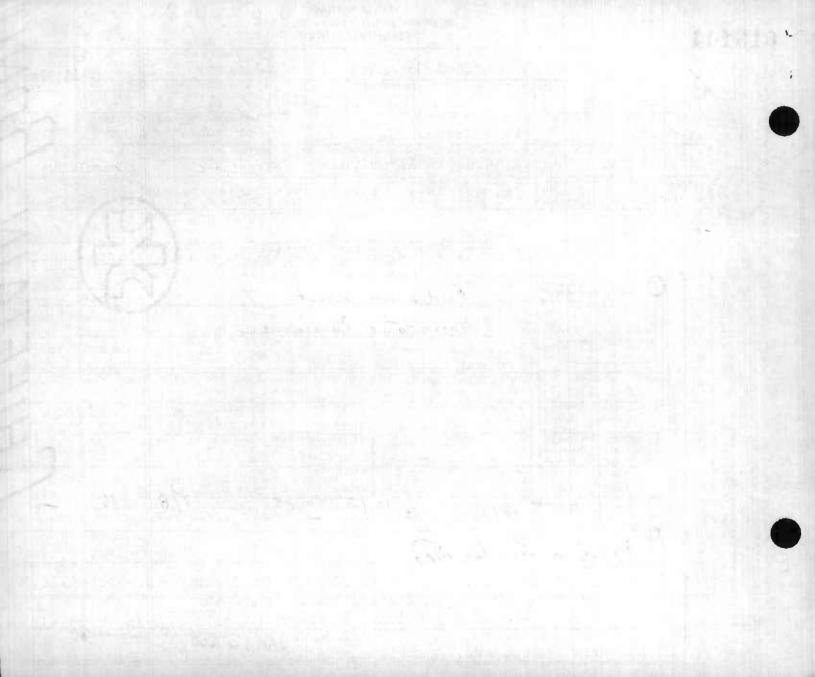
should be detached for use as the b MPORTANT, If Hem 21 is

TO FUNERAL DIRECTOR After this certificate has been signed by the attending physicia

DHMH - 16 60M 7/84 PA 300 West Montg. Ave. Rockville, MD (VRA 15, 4)

PUMPHREY FUNERAL HOME SALERCD BY REGISTRAR 256. REGISTRAR SIGNATURE

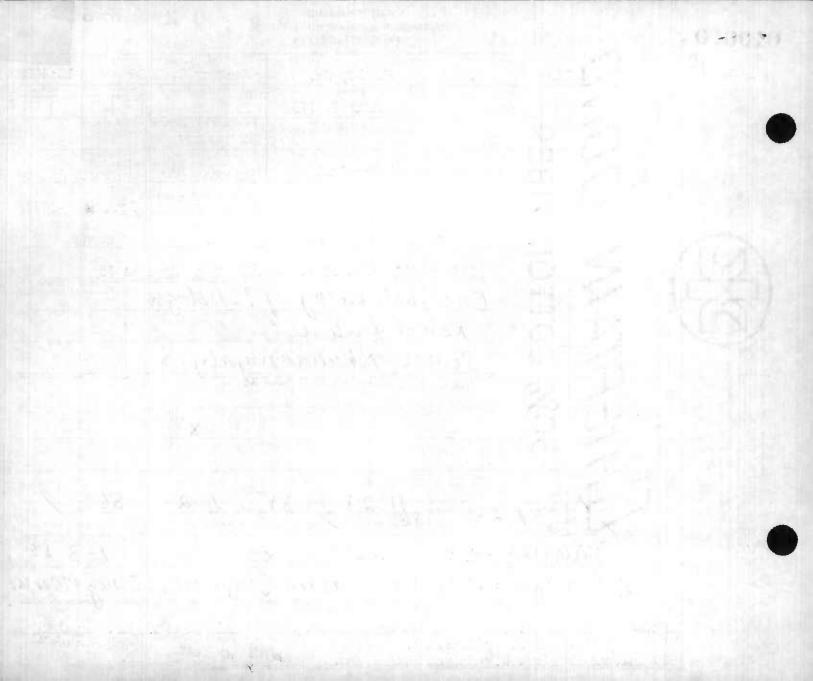
AVE. ROCkville, MD Burial 24 FUNERAL DIRECTOR ROBERT A.



	STATE OF MARYLAND
OR .	DEPARTMENT OF HEALTH AND MENTAL HYGIE
TATE	CERTIFICATE OF DEATH

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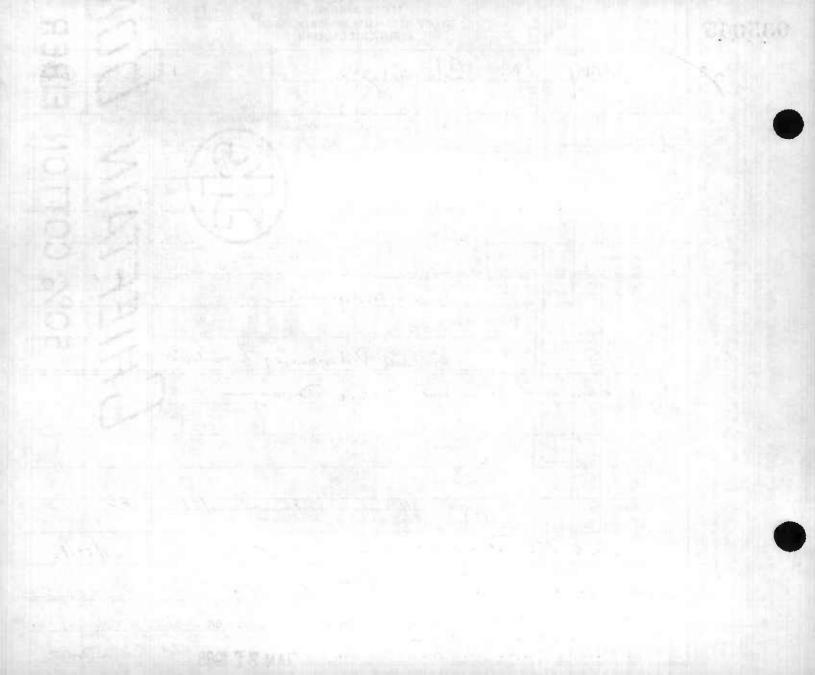
010070	1.	FOR STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	253	5		
10		CEASED NAME FIRST	MIDI	DLE	ı	AST	20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR		
poge 3	11110	William	n N.		Ste	ele, Jr.	January 2	2, 1986	10:40PM		
DE O	3. SEX		4 RACE		5. DATE C		6. AGE IN YEARS LAST BIR	MONTHS DAYS			
e 11	Ma		Black		Febru	ary 3, 1950	35	YRS			
deofn Po	Fl	RTHPLACE ISTATE ORFOREIGN COUNTRY) Orida	76 CITIZEN OF WHAT COUNTRY?		WIDOWE		9 BALTIMORE CITY OR COUNTY OF DEATH Montgomery				
s after o	0	TY OR TOWN OF DEATH Lney	Montgome Montgome	ACILITY, GIVE STREET	ADDRESS)	or other institution Mospital	120 USUAL OCCUPATION OF WORK FOR MOST OF MANAGER	F WORKING LIFE! INDUSTR	el Agency		
n 24 hour	Ma			ve residence before it. CITY OR TOW SILVER S							
ond 23		THER'S NAME FIRST William	MIDDLE N.	Steele		15 MOTHER'S MAIDEN NA Porothy	L.	McCo	ne ne		
be execu			VE WAR OR DATES	577-68-4		Teresa V. Ste	addre cele Wife	Same as 13			
s shot the draft certificate by the miles of the please rates across approved from the personal result.		18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUS IMMEDIA Canditions, if any, which gave rise to immediate cause to stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR A (b) DUE TO, OR A	AS PONSEQUE	ence de		Mycelys	78	DXMATE INTERVAL N OMSET AND DEATH		
The law requiration. Iton. Iton. It permit Then Introduct to b	CERTIFICATION	19a date of operation	196 CONDITIO	ON FOR WHICH		n was performed	200 AUTOPSY?	206 IF YES, WERE FIND IN CERTIFYING CAUSE YES [DINGS USED ES OF DEATH?		
SICIAN: ing physic certificati untal-trans hem 18	MEDICAL CE	2)0. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE	ATH HOUR A.M. R) P.M.	MONTH DA	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR PART 2			
PHY tendi	MED	21d INJURY OCCURRED	21e PLACE OF	FACTORY, OFFICE, F.	ARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE		
TTENDING pital or of potal or of a stree of tar use as to of Health of 21 is mark		220 1 certify that (1) (this hasp saw the deceased alive a abave. ((we) (did) (did	7-2-	198	11-	and that in (pr) (aur) aprinian	death accurred an the do	. 19	that (b (we) last e causes stated		
ITAL OK A by the hos RAL DIREC detached detached thate Dept		226 SIGNATURE	rexue	ila.	1		MEDICAL STAF		S-86		
TO HOSPITAL retained by the TO FUNERAL should be deto with the State JAMPORTANT. It		B.C. M	angli	eala, on		17904	George a	u Olney	MORRISAN		
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		UNERAL DIRECTOR Franc					E REC'D. BY REGISTRAR	Ph. Geo. M	aruland		
DHMH - 16 60M 7/84 (VRA 15, 4)	50	0 University B	lud. W.	Silver S	sprine		AN ,8 1986	W Listings	-3 (miles		



STATE OF MARYLAND 🙊 💪	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
CERTIFICATE OF DEATH	

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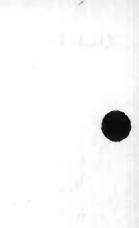
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offer deoth. P	18. CI	RTHPLACE (STATE ORFOREIGN COUNTRY) Lingis TY OR TOWN OF DEATH LVER Spring	IISA 11, NAME OF (IF NOT IN SU	115. CITIZEN OF WHAT COUNTRY? B 115. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET ADI HOLY Cross Hospi		ADDRESS)		9 BALTIMORE CITY OR COUNTY OF DEATH Montgomery					
24 hours	Ma	AL RESIDENCE (IF NURSING HOME) TATE 136 CC TULAND THER'S NAME	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE 136 CITY OR TOW Langley	ADMISSION)	13d. INSIDE CITY LIMITS? YES NO 15	13e.STREET A	DDRESS / ZIP CODE Quinwood S	Thu _k	20783			
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be executed to the second to t		VAS DECEASED EVER IN U.S.	ARMED FORCES? GIVE WAR OR DATES)	578-58-9			ghter bertson		Riggs 1	Road 0783			
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that the death c by the attend cose remove cart of, crematics a		Conditions, if any, which gove rise to immediate cause tol, stating the underlying cause lost	(b)_	DR AS A CONSEQUE DR AS A CONSEQUE AVA	PD	Pulmman	y Tuhi	railogis		20			
requires to signed. Then ple to burie	NOI	PART 2 OTHER SIGNIFICAN	histed a	ontributing to i	77	some Disc	MINAL DISEASE	OR CONDITION GIV	EN IN PART 110				
The low too.	CERTIFICATION	190 DATE OF OPERATION			OPERATIO	N WAS PERFORMED	200 AUTO	NO YE					
SICIAN The mg physicion certificate humol-transit prental Hygiet them 18 show		2) a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM	DEATH HOUR A		AY YEAR	21c. HOW INJURY OCCU	IRRED (ENTERNAL	URE OF INJURY IN ITEM 18 P	ART 1 OR PART 2)				
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Spirol or CTOR, Af I for use of Healt		220 I certify that (1) (this has sow the deceosed alive above, (1) (we) (did) (did		/ 0 %	86,00	d that in (my) (our) opinio	, to	on the date and hou	ond from the c	hat (I) (we) last ouses stated			
by the ho ERAL DIRE e detoched NNT: If them		228. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D								SIGNED			
O FUNI O FUNI O FUNI APORTA		Herbert S. B	. Baraf,			10313 Georgi		107 Silver	. Spring	, Md.			
BP	1	URIAL, CREMATION, REMOV SPECIFY) Burial	1/31/3	86 Ga:	te of	EMETERY OR CREMATORY Heaven	Silv	er Spring					
DHMH - 16 60M 7/B4 (VRA 15, 4)		O University		Silver S	r. Spring			OSS Shie	RAR'S SIGNATE				



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO FIRST PETE MIDDLE 1. DECEASED NAME *STEPHANOS 20. DATE KNOWN MONTH LITYPE OR PRINT ESTI-DEATH MATED 4. RACE 6. AGE (IN YEARS IF UNDER 24 HRS 2c. DATE YEAR LAST BIRTHDAY) PRONOUNCED 000,1 DEAD 70 BIRTHPLACE 9. BALTIMORE CITY OR COUNTY MARRIED NEVER MARRIED FOREIGN COUNTRY Greece USA WIDOWED DIVORCED 19. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION RE USUAL OCCUPATION (TYPE OF WORK Serv. Weapons Naval US Govt. G HOME OR OTHER INSTITUTION, GI Worcester 13d. INSIDE CITY LIMITS? YES NO Vele 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Thomas Stephanos Karapantilakis Thespina 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17. INFORMANT ADDRESS DINISION Yes WW 11 577-18-6095 Geraldine L. Stephanos-wife-(same as 13e) CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BURIAL - TRANSIT PERMI AND MENTAL HYGIENE, ATION, OR REMOVAL. PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF HEALTH AND MEI AL, CREMATION, C lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 CERTIFICATION USED AS 19g DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? WORD "P 20 AUTOPSY? E 3 SHOULD E DEPARTMENT O YES ICATE, WRITING THE WO FORWARDED TO THE TOR: PAGE 3 SHOULD B 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 211. LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDEE TO FUNERAL DIRECTOR: PAGE 3: AFFER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P. STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK Inspection 220 I certify that I took charge of the remains described above, held an Autopsy and in my apinian Inquiry death resulted fram: Natural causes Suicide Hamicide Undetermined manner TITLE (SPECIFY) **ACTUAL** John S. Rogers, 1919 Seminary Rd. Silver Spring, Md. HER'S NAME DME TWE OR PRINT 230.BURIAL, CREMATION, REMOVAL 236 DAT 23c. Name of CEMETERY OF CREMATORY Arlington National 23d. LOCATION Burial 2-3-1986 COUNTVIRginsia Ar1 Treton 24 FUNERAL DIRECTOR Hines: Rinaldi Funeral Homes 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGN TUBE 11800 Silver N.H. Ave. **DHMH-17** (VR A15 ME (5)) 15M 2/80



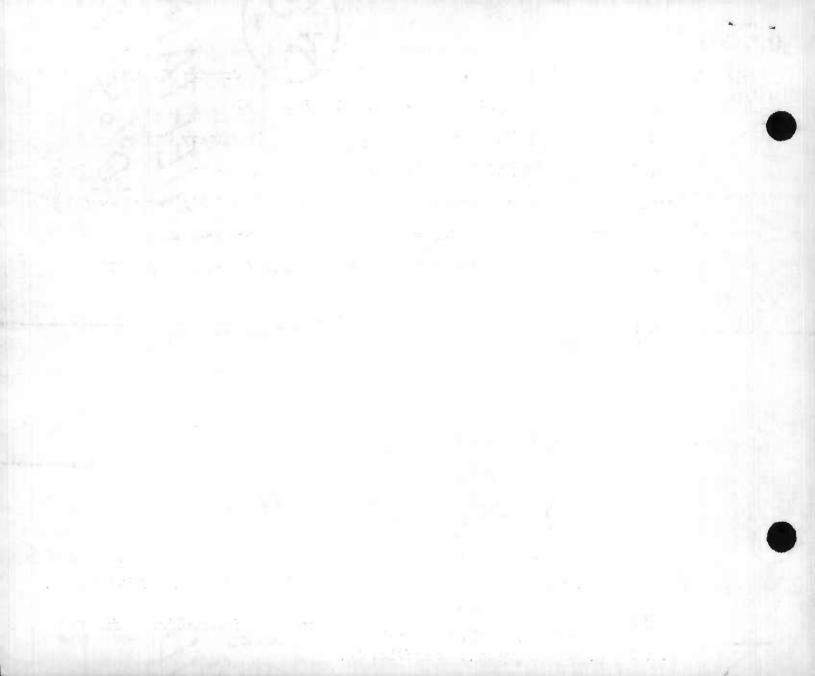
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moy be	3. SE	7 1 1		OF BIRTH	6. AGE (IN YEARS LAST BIRT	HOAY) IF UNDER I YEAR IF UNDER 24 HRS
e 4		Temo le	Ca casian "9	26 99	86	MONTHS DAYS HOURS MIN.
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ofter der		Koma Park	11. NAME OF HOSPITAL, NURSING HOME		Chuse to of UP Bo	okkeet thiond of Business or
24 hours		AL RESIDENCE (IF NURSING HOME CONTACT NO 136 COU	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION	136 INSIDE CITY LIMITS?	13e.STREET ADDRESS / 8514 WIKC	ZIP CODE , 7 ZO
mpletel and 2	14. F	ATHER'S NAME FIRST Harry	Sanford Brown	IS. MOTHER'S MAIDEN NAME FIRST Ella	ME	Davis
Poges 1 o		WAS DECEASED EVER IN U.S. A		17 INFORMANT	ADDRE	
physician physician moval.		18. CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	inly ane cause per line far (a), (b), and (c) ED BY:	ellmoned		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
e attending nave carba nation, or re troumatic e		Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF	Dhe Frake	1	Years
ned by the of please removinal, cremati		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF	, <u>, , , , , , , , , , , , , , , , , , </u>		
r significant	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERM	NINAL DISEASE OR CONE	DITION GIVEN IN PART 1101
he low range has been prior ene prior	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION	ON WAS PERFORMED	70a AUTOPSY?	206 IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\begin{array}{c} NO \(\exists \exists \)
SICIAN: Thing physicio certificate burial-transit tental Hygie kem 18 sho		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	HOUR A.M. MONTH DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)
HY Pigs	MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME_STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOV	VN COUNTY STATE
TENDING Portol or offer to the offer use as the offer th		22a.1 certify that (1) (this has	pital) attended the deceosed from	and that is (my) (our) apinian	death accurred on the do	te and have and from the causes stated
OR AT DIREC Sched Dept.		22b. SIGNATURE	off view the body after death.	DEGREE ATTENDING PHYSICIAN [MEDICAL STAF	
HOSPII med b FUNEF old be ORTAN		22d. PHY ICIAN'S NAME TYPE	or print, Ceibouite, Mrs	11(20 Renta	oshire Bu	Silver Spring Md 2140
D & D & \$ \$	230	BURIAL, CREMATION, REMOVA		CEMETERY OR CREMATORY Lincoln	23d LOCATION CITY OR TOWN Brentwood	Pr. Georges Maryla
DHMH - 16 50M 4/83		UNERAL DIRECTOR	11800 N.H.	TANK TO SERVICE THE PROPERTY OF THE PROPERTY O		SI RECHTRAR'S SIGNATURE



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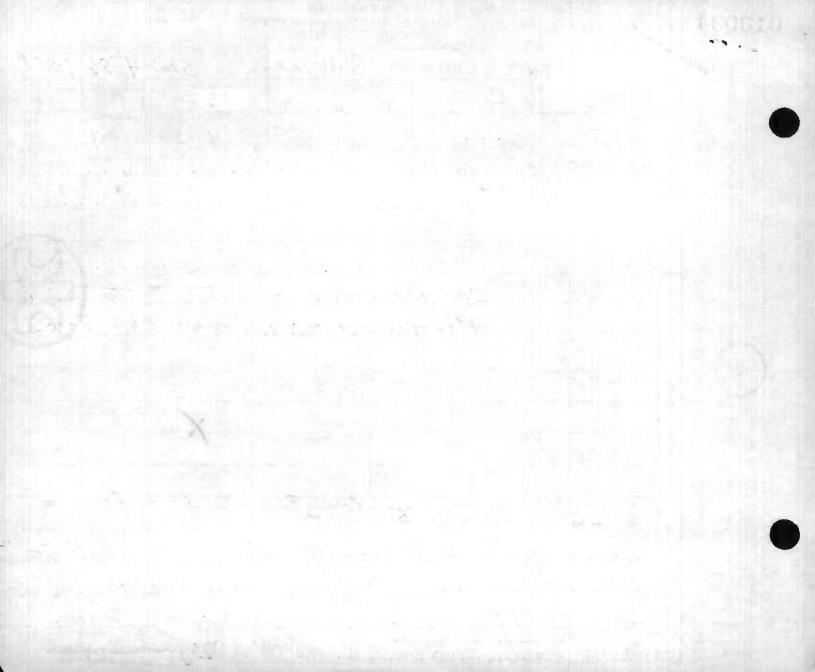
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	1-	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HOGIENE U & 3	
020165		REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
OKUTOS		CEASED NAME PE OR PRINT) FIRST	MIDDLE 20. DATE KNOWN MONTH OF ESTI-	DAY YEAR 26. HOUR
SSARY, PLEASE RAL DIRECTOR. RY YOUR FILES. HIN 72 HOURS RESION STREET	9	(h2	Vier G Tovens DEATH MATED OF AN	9, 19 8 A
CTEA	3. SE	X 4 RACE	S. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MONTH MONTH DAY YEAR LASE RIPHIDAY MONTH DAY MONTH D	DAY YEAR 24 HOUR
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FOR A WITHIN	F	DREIGN COUNTRY) "	MARRIED NEVER MARRIED	TO DEATH
- 5 m n 13 -	M	ASSACHU SETTS	U-S.A. WIDOWED DIVORCED [] MON DS	amory MD.
LAY IS IT	IV. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	OR INDUSTRY
	4	87/ VD2.	875 OGROVGI 2 XVa Lox 53 by HEADMASTER	SCHOOL
O N Z O N	USU	AL RESIDENCE (IF IN TARSING YOME OF	R OTHER INSTITUTION, GIVE RESIDENCE SEFORE ADMISSION)	20910
21201 IF ANY 2, AND 3 RETA SHOULD	130.	111	13 CITY OR TOWN 13d. INSIDE CITY LIMITS? 113. STREET ADDRESS YES NO DE 2 TO CONTROL AND	1 Ant 6300
2 = 2.6 Fg -	14 F	ATHER'S NAME	15. MOTHER'S MAIDEN NAME	0,70001
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# 99848	160.3	WAS DECEASED EVER IN U.S. ARM		1C PADDEN
M H 2 2 2 8	190.	ES, NO. OR UNKNOWN) (IF YES, GIVE V	yar of Dates)	ENNSYLVANIA BLUD
A ANDERS		NO N	ONE 1012-26-5509 C. LAYRENCE STEVENS (SON) PITTSB	4RGH, PA. 15228
- 50 × 0		18 CAUSE OF DEATH (Enter only	y one cause per line far (a), (b), ond (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
5 2 2 2 3		PART I DEATH WAS CAUSED	ECAUSE (a) SIGNTE MANOCIVA 121 DIR	
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ORD SPINE S. A. I	7	PART Z UTREK SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
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美 二层针面15号	¥	WHILE NOT WHILE T	STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COL	UNTY STATE
WAR WAR TATE		AT WORK - AT WORK		
20年第一名		220. I certify that I taak charge	e of the remains described above, held an Autopsy 🔲, Inspection . Inquiry 🔲, ond in my ap	pinian
NA HOTA		death resulted fram: Nature	al causes 🔼 Accident 🔲 , Suicide 🛄 Hamicide 🔲 Undetermined manner 🔲 ,	
A THE SELECTION OF THE PERSON		170	TITLE (SPECIFY)	
4404±8	1	ACTUAL SIGNATURE	ALL COMMENTS SIGNED SIG	Tan 11986
DHCAL TETHE NERAL DEATH			MEDICAL EXAMINER SIGNE	0=1(4,700
MEDICAL ECUTE THE CGE A SHOUL FINERAL TER DEATH ATTWORE M	1	EXAMINER'S NAME JO	HN S. ROGERS ADDRESS 1919 SOMINARY RD. SILVER	e SARING MIN
A FTE	23e B	URIAL, CREMATION, REMOVAL 23		
	1	SPECIFY)	CITY OR TOWN COUN	410-
BP	24 5	UNERAL DIRECTOR	JAN. 13, 1986 CHAMBERS CREMATORY RIVERDAGE PGCO.	MARYLAND
DHMH - 17 (VR A15 ME (5))	24.1	NAME	250. DATE REC'D. BY REGISTRAR 296. REGISTRAR'S	IGNATURY
15M7/77	C	tambons Fundru	AC HOME SILVER SPRING MD. 1111 1 6 1986 - 1000	when he same

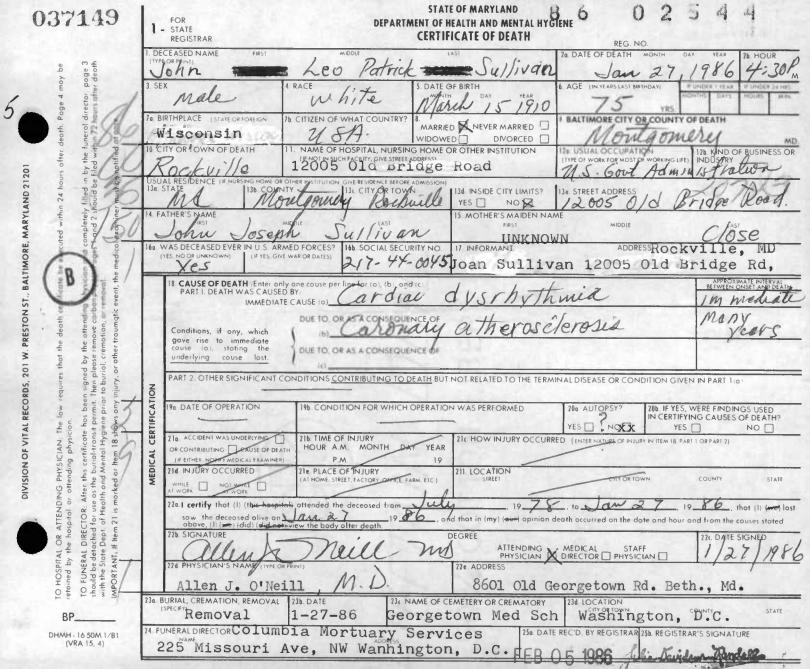
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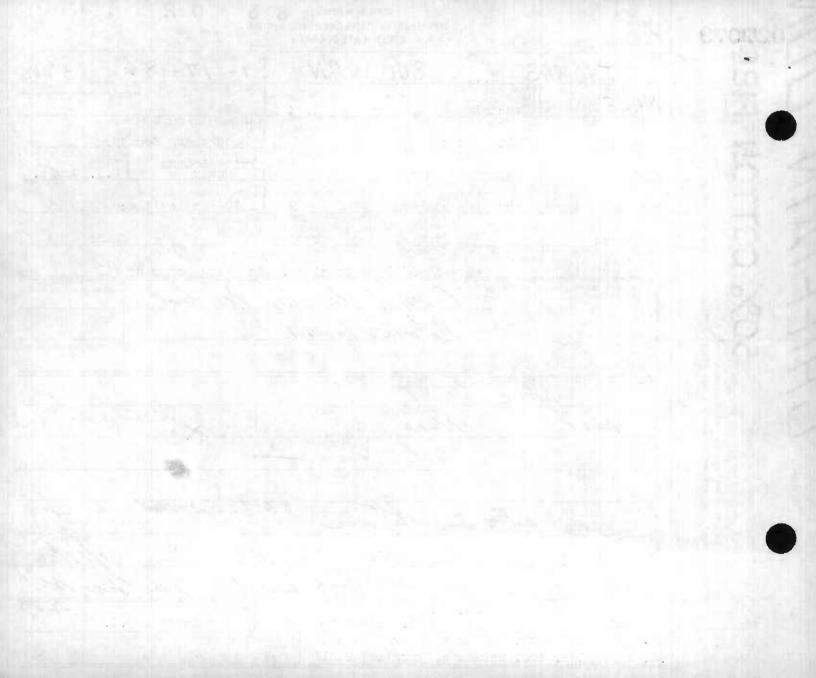


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STATE OF MARYLAND STATE OF MARYLAND OF DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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5		TY OR TOWN OF DEA	ATH	11. NAME OF H	OSPITAL, N	IURSING HOME	OR OTHER INSTITUT		120 USUAL OCC	UPATION	12b.	KINDO	F BUSINESS OR
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1		Robert		WIDDLE	Sulliv		Marv		M/E	DDLE	Ral	ker	
2	160 W	VAS DECEASED EVER	IN U.S. AR			SECURITY NO.	17 INFORMANT	Daug	hter	ADDRESS	Dai	CL	
Н	- [Y	res, no or unknown)	[IF YES, GIV	VE WAR OR DATES)	09/1-1	8-5547	Patricia			camo	20 #	13	
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		underlying couse		(c)									
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	(THE SIGNAL THE	21	1.			DEGREE	NDING	MEDICAL	STAFF		DATE	TONED
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	P.	A. 7557 Wi	sc. A	lve. Bet	hesda,	Marylan	rd 20814	1.10	N 23 19	186 90	Ford Ac	1 -1	Philippin III

DHMH - 16 60M 7/84 (VRA 15, 4)



DIVISION OF VITAL RECORDS, 201 W. PREST TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the three decreased by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attention.	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO HOSPITAL OR ATTENDING PHYSICIAN: The low requirements of the discrete describing physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the director, page 3
should be detached for use as the burial-transit permit then present	one of the control of
with the State Dept. of Health and Mental Hygiene prior to little of central contractions.	Manual Ma

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIEN
CERTIFICATE OF DEATH

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nould be	130. S Ma		NTY 13c. CITY O	e before admission) or Town ington	YES NO	13. STREET ADDRESS / 3200 Wake	
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remt, the		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	ED BY	(b), and ic	fibrillation		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
npury, or other traum	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CON	venic a viseouence of	ardio myopatle Part desease NOT RELATED TO THE TERMI	NAL DISEASE OR CONE	DITION GIVEN IN PART 110
-	F		TIGH CONDITION FOR A	WHICH OPERATIO	NI WAS BEDEORAGED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED
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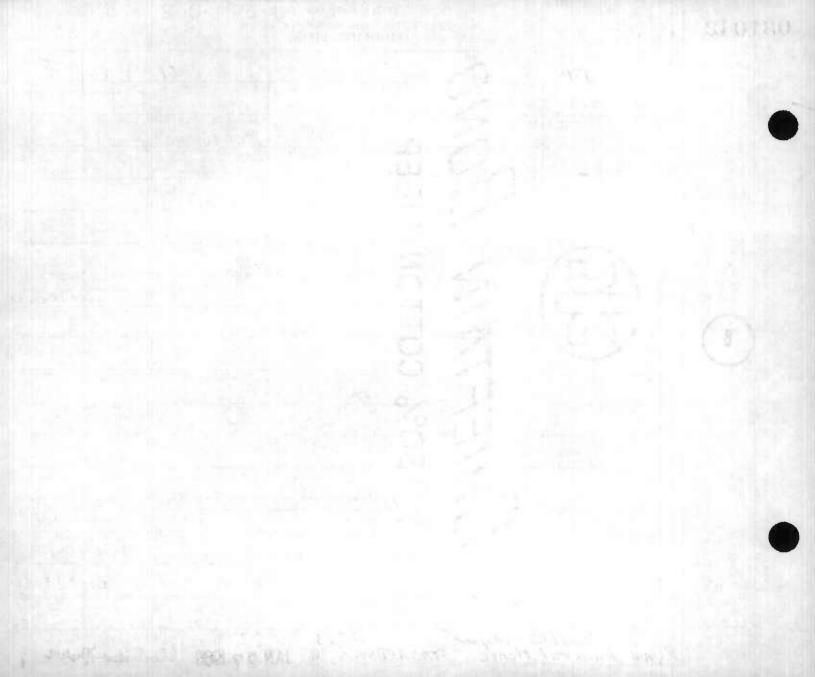
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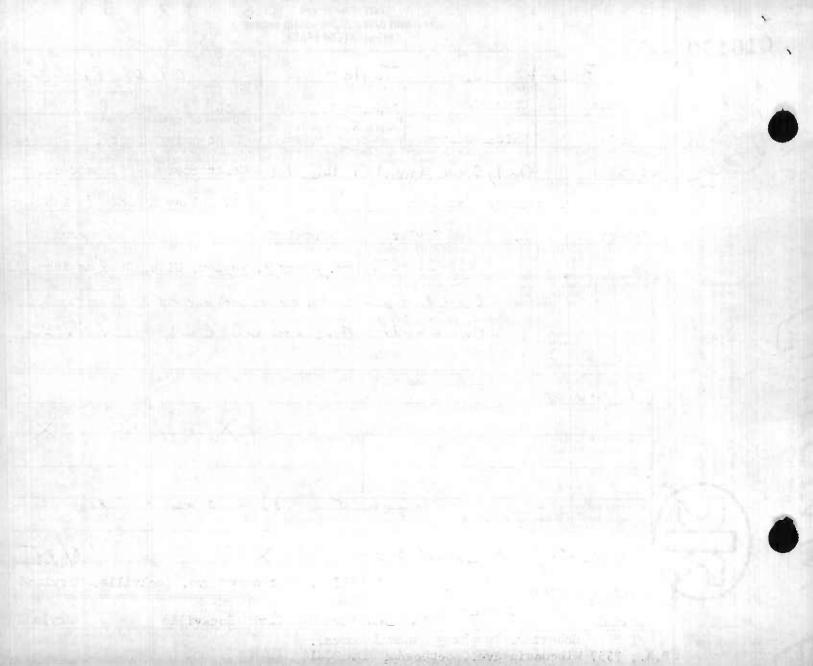
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that the death certificate be to the other death of the other death of the other death of the other death.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one cause per line for (a), (b), an	ec ar	rest rest		ethesda, Md. 20817 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH LINST AND AND A
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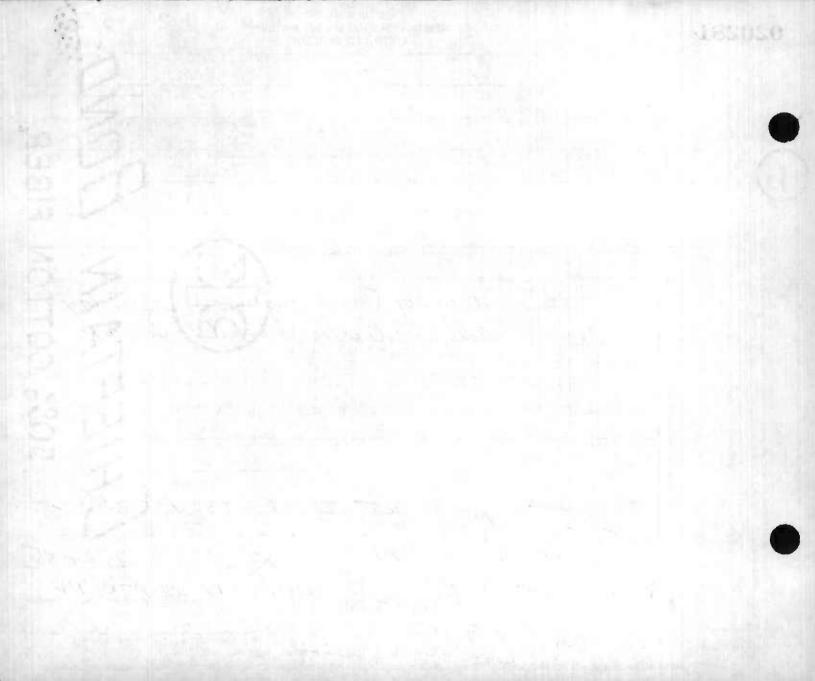
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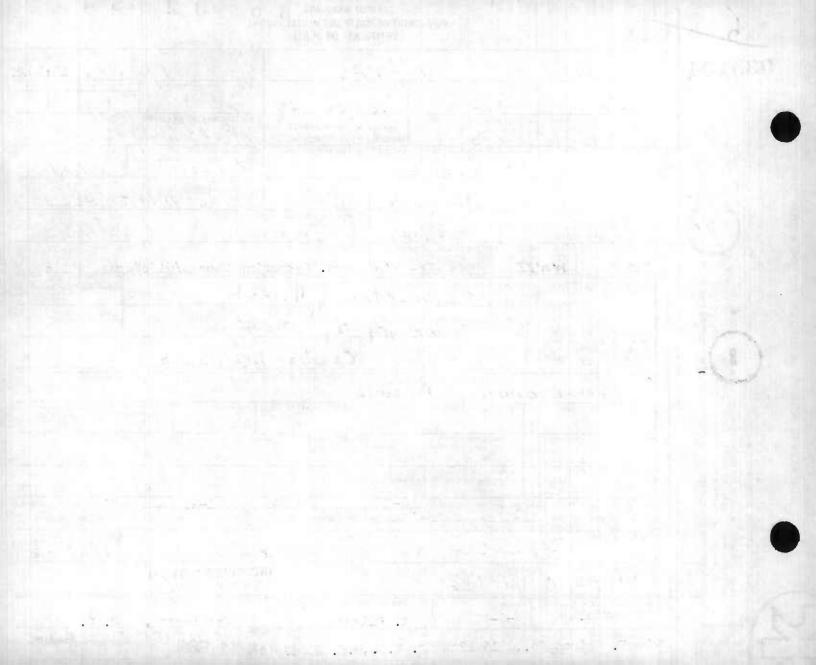


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Page (WAS DECEASED EVER I	N U.S. ARME		166 SOCIAL SEC	URITY NO.	17 INFORMA	NT	AD	DRESS806	-15th St	N.W. 1
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CIAN Physical Physica	_	OR CONTRIBUTING C		HOUR A.	M. MONTH I	DAY YEAR						
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TO FUNERAL should be det with the Stote		George A.	. Boin	is			5410	Conn.	Ave., NW, W	ashing	ton,D.C.	
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		UNERAL DIRECTOR	Josep	h Gawl	er's Son	s Inc.			E REC'D. BY REGISTE			
DHMH - 16 60M 7/84		5130 Wisc.	Ave.	N.W.	Wash ADDRE'T	.C.			1			
(VRA 15, 4)	_	, ., ., ., ., ., .,						1884	6 1006	11.	-	

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0202813	1.	FOR STATE REGISTRAR	DEPARTA	The property county The property The property county The property The proper		
d with: Jeth Roy be a may be pletely filled in by the funeral director. page 3 and 2 should be filed within 72 hours offer death coming the place of the data one.	3. SE 70 B S0 10 C	CEASED NAME OR PRINT) ESSIE X ARTHPLACE (STATE OR FOREIGN COUNTRY) OUTH Carolina ITY OR TOWN OF DEATH SIL. Sp., Md. AL RESIDENCE (IF NURSING HOME OR OR STATE Washington ATHER'S NAME FIRST	USA 11. NAME OF HOSPITAL, NURSIN (18 NOT IN SUCH PACILITY, GIVE STREET STORER INSTITUTION, GIVE RESIDENCE BEFORE TO COMMENT OF TOWN TO COMMENT	S. DATE OF BIRTH MONTH DAY VEAR WIDOWED M DIVORCED BOME OR OTHER INSTITUTION ADDRESS ADMISSION) 13d. INSIDE CITY LIMITS YES NO 15. MOTHER'S MAIDEN FIRST	9 BALTIMORE CITY O Montgom 12a USUAL OCCUPATION (14PE OF WORK FOR MOST O Retire 7 13a STREET ADDRESS NAME	INDAY) JE UNDER I VEAR JE UNDER J VEAR
be executed on and com	DEPARTMENT OF HEATH AND MENTAL BYTCHEN REG. NO. TOTAL PROBLEM TOTAL PROBL					
LIS 201 W PRESTON ST., B	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE (c) (c)	ence of Salero (ic	rasculas erminal disease or cont	deseas
9	TIFICATI		196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		IN CERTIFYING CAUSES OF DEATH?
DIVISION OF VITA HOSFITAL OF ATTENDING PHYSICIANs, used by the houpptol or other-drain physician old be detected for use on the burnol-from in the Smite Dept. at Hoselft and Memorit Hyp. ORTANT If them 21 is mouked or figur. 18 is		OR CONTRIBUTING CAUSE OF DEAL (IF ETHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE AT WORK NOTIFY WHILE SOW the deceased alive an obove, the well (did not) 22b. SIGNATURE	HOUR A.M. MONTH D.P.M. 21e PLACE OF INJURY LATHOME STREET, FACTORY, OFFICE F OIT attended the deseased from Lyriew the bady after death	APW YEAR 19 21/ LOCATION STREET APW ETC.) 21/ LOCATION STREET ATTENDING PHYSICIAN 22e ADDRESS	city or to	wn COUNTY STATE ### COUNTY STATE #### COUNTY STATE #### Wee lost ate and hour and Iram the couses stated ##### 226. DATE SIGNED ###################################
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999 SHIPH TO SOM 2/14	24 F	Burial UNERAL DIRECTOR NAME	WT X Pools	Tar 1 / 1250. 1		





STATE OF MARYLAND STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 5 C

				STATE OF MAKE		6 4 6	2 2 3	
	1.	FOR STATE	DEPARTM	ENT OF HEALTH AND		IENE		
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1 1 (2)	01	TAGE SPETING	HOLY CLOSS NO	Spruar		Property Ut:	11+Fed. Go	ovt.
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The state of the s		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	ED BY:	0			BETWEEN ONSET A	ND DEATH
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5 0 0		underlying cause last	DUE TO, OR AS A CONSEQUEN	ACE OF				
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e Le	CERTIFICATION							
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ho no	TIF					YES NOT	YES NO	
Mysic ficote Tro Tro Tro Tro	CER	210 ACCIDENT WAS UNDERLYING		21c HOW	INJURY OCCURR	ED (ENTER NATURE OF INJURY IN HEM	IS PART : OR PART 2)	
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# Poch			Y		ATTENDING &	MEDICAL STAFF	1126	-
HOSPITAL sined by the FUNERAL FUNERAL H the Store hh the Store		22d PHYSICIAN'S NAME ITTHE	do nouse.	MEADDR	PHYSICIAN	DIRECTOR PHYSICIAN	110	1
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TO HOSPITAL retained by the TO FUNERAL should be deto with the State I IMPORTANT.		Wille I	t. 00	104	Jest tet	too sive apr	7 160	
○ 한 이 생 및 및 ★	23a B	URIAL, CREMATION, REMOVAL	236 DATE 236 NA	AME OF CEMETERY OF	CREMATORY	23d LOCATION		
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DHMH - 16 60M 7/84	Ta	koma Funeral	Home-Washingt	roll St.N	JAN	Q 1000 - Luis	MUNICIPAL TO STORY	50 1
(VRA 15, 4)		- Was 04 04 04	wasningt	on, D.C.	JAN	10 19Pa. U		1

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r debth. Page 4 may be 200140.

Funeral director, page 3 to 72 hours ofter death 1 - STATE

STATE OF MARYLAND STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

-	Contract	

	100	REGISTRAR					REG. N	0.		
		CEASED NAME FIRST	A	AIDDLE	1	AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
Y		Alici	a	657	To	rres	January 1	2, 19	86	11:25p _M
	3_SE>	X	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	IF UNDER 24 HRS
		Female	Caucas	sian	July		50	YRS	MUNINS DATS	HOURS MIN.
1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8	D NEVER MARRIED	9 BALTIMORE CITY		OFDEATH	
	E1	Salvador	El Sal	vador	WIDOWE		Montgom	ery C	ounty,	MD.
1	10 CI	TY OR TOWN OF DEATH				OR OTHER INSTITUTION	120 USUAL OCCUPAT			F BUSINESS OR
Ø.	Ro	ockville		alpine P		#202	Housekeep		Dome:	stic
Ť		AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFO	RE ADMISSION)		Lis Canada Annones	. 7:D COD		
b			tgomery	Rockvi		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS . 5521 Halpi	ne Pla	ace. #2	02 20851
-		THER'S NAME				15 MOTHER'S MAIDEN NA	ME			
1		Cirilo	MIDDLE	Torres		Victoria	MIDDLE		Alvare	าดล
,	160 V	VAS DECEASED EVER IN U.S. AR		166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDRE	55	1111 (0110)	
	L)	NO (IF YES, GIV	E WAR OR DATES)	None		Sergio Pino	, same as #	13		
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per	line foi/a , (b), o	ind ic i				BETWEEN	MATE INTERVAL DISET AND DEATH
	163		D BY TE CAUSE (0)	Car	dio	Bulmonar	4 Carre	t		
		, and the second		R ASIA CONSEQU	IENCE OF					
		Conditions, if ony, which	(b)	Via	ely	metastation	Drest	Can	en	
		gove rise to immediate couse (a), stating the	DUE TO OF	AS A CONSEQU	IENICHOE					
		underlying couse lost	(c)	(AS A CONSEQ	DEINCEOF					
		PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIV	EN IN PART 11	3
	CERTIFICATION									
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L	E				756		YES NO[X	YE		NO [
		210. ACCIDENT WAS UNDERLYING	110110 4	FINJURY M. MONTH [DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)	
	MEDICAL	OR CONTRIBUTING CAUSE OF DEA	CIM		19	SA RESIDENT				
	EDI	21d INJURY OCCURRED	21e PLACE	OF INJURY	EADAL ETC 1	21f LOCATION	CITY OR TO	WN	COUNTY	STATE
	2	AT WORK AT WORK	(Al home six	TEL FACTORY OFFICE.	, PARM EIC)	1		1	,	
		22a I certify that (1) (tKXXX	KI) ottengled the	deceased from.	1/5	1860.19		12/8	180	that (I) (X) lost
		sow the deceased alive on above, (1) (wX) (did) (XXXX	Xview the hody	after death	, 01	nd that in (my) (XX opinion	death occurred on the d	ote and hou	and from the	couses stated
	25	775. Signey TURE	6	and dean		DEGREE		400	22c. DATE	SIGNED
		12 evenle	Cl	shoul	M	ATTENDING PHYSICIAN X	MEDICAL STAI		Jan.	12,1986
		and the second s	APRING.		1		Hillcrest R		Journ	
	7	Beverlo 01	iphant,	M.D.			dale, Virgi		22003	
	230 B	SURIAL, CREMATION, REMOVAL	23b DATE	236	NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
	(SPECTemation	Jan. 1	3,1985 M	letrope	olitan Cremato	ry Alexa	andria	a, Virgi	inia
	24 FU	JNERAL DIRECTOR Robert					E REC'D. BY REGISTRAR			
		7 Wisconsin Ave					1 6 1988	100	4. 1 20	
					¥		The last of the la			Inga AD. F BUSINESS OR STATE THOURS AND MD. MD. MD. MD. MD. MD. MD. M

DHMH - 16 60M 7/84 (VRA 15, 4)

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should be detached for use as with the State Dept. of Health IMPORTANT. If Item 21

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and

awa 04		FOR - STATE		DEPARTMEN	IT OF HEALTH AND MEN	TAL HYGIENE	U	2 3	ව ර	
27001	(1)	REGISTRAR			ERTIFICATE OF DEA	IH	REG. NO).		
/4		ECEASED NAME FIRST	MIDDI	I.E	LAST	2a. DAT	E OF DEATH	AONTH DAY	YEAR	2h HOUR
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E 88 17	-		11		DATE OF BIRTH	4 405	(IN YEARS LAST BIRT	10.44) 16	UNDER I YEAR	IF UNDER 24 HRS
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E BRANCE	71	Washington, DC	USA		MARRIEDING NEVER MAK	CED D TOWN	MAX Mo	ntaome	mr Con	nty MD.
8 24 Bot		CITY OR TOWN OF DEATH			HOME OR OTHER INSTITU		JAL OCCUPATION			F BUSINESS OR
4 41 6/	/		(IF NOT IN SUCH FAC	CILITY, GIVE STREET ADD	RESS)	(TYPE OF	WORK FOR MOST OF	WORKING LIFE)	INDUSTRY	
1 11 11		akoma Park			tist Hospita	1 Air	Traffi	c Cont	r./US	Governm
1 53 2	130	JAL RESIDENCE (IF NURSING HOME C STATE 136 COU		CITY OR TOWN	WISSION) 13d. INSIDE CITY L	IMITS? IIIe STRI	EI ADDRESS /	7IP CODE		
2 美国中华	60			owie		290	6 Barri	ster L	ane 2	20715
1 15 17	-	ATHER'S NAME			15. MOTHER'S MA				1000	
1 17 160	/	FIRST	MIDDLE	LAST	FIRST		MIDDLE		LAS1	
1 10/3-	1	Bertin	F.	Toulotte SOCIAL SECURIT		ore	B. ADDRE	2.5	Wou	iae
1 28 4	7 100	WAS DECEASED EVER IN U.S. A	IVE WAR OR DATES)				290	6 Barr	ister_	Lane
2 22	9	YES WW	II 5	78-07-54	16 Jeanne M	. Toulott	e Bow	6 Barr ie, MD	2071	-5
		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	enly ane cause perfine	farial, (b), and is	3.1				BETWEEN	MATE INTERVAL
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the page of		IMMEDIA							1	
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4 to other		Canditions, if any, which	(b) //(£	TASTATIC	PROSTATE (ARCIN	Drn A		2	110/0 //
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5 P. S. S.		underlying cause last	((c)							4 - 3
2 20 A		PART 2 OTHER SIGNIFICANT	CONDITIONS CONT	RIBUTING TO DE	ATH BUT NOT RELATED TO	THE TERMINAL DIS	EASE OR CONE	ITION GIVEN	IN PART 11	3
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0 to 1	/ 3	(IF EITHER NOTIFY MEDICAL EXAMIN			19					
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E # 52 # 5		the deceased alive o	at) view the bady after	er death.		opinian death oci	turred on the do	re and naur a		
· 2		THE SIGNATURE	10		DEGREE				22c DATE	SIGNED
34 364 2		lamo (may	mur	PHY	NDING MEDIC	OR PHYSIC	IAN []	1///6	1186
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DUMAN AL COLUMN	24	FUNERAL DIRECTOR			olis Road	250. DATE REC'D.	BY REGISTRAR	256. REGISTRA	R'S SIGNAT	URE
DHMH - 16 60M 7/84 (VRA 15, 4)	1	NAME ACTION				JA	N171	186	Ta Dain	Ison-Rand
(VKA 15, 4)	B	eall Funeral Ho	me Ron	rie, Mary	land 20715				- may	CON- LENGT

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

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REG. N	0.		

REGISTRAR		CERTIFIC	CATE OF DEATH	REG. NO).				
I. DECEASED NAME	E.	Tro	ttor	20 DATE OF DEATH	MONTH DAY	86	5000R		
female	caucasian	5. DATE OF	DAY	6 AGE (IN YEARS LAST BIRT	YRS.		HOURS MIN		
Arkansas	United State	1 ALADDIED	NEVER MARRIED DIVORCED	Montgome			MD.		
Rockville	TOLOMAC U	alle /	Usy Or	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Homemake	WORKING (IFE)	INDUSTRY	home		
Maryland Mon	ounty 13. CITY OR Poton	nac	13d IN SIDE CITY LIMITS? YES NOX	130 STREET ADDRESS / 2400 Str	ZIP CODE atton	Driv	e/20854		
Guy	Fuhrma	ın	Carrie	WIDDIE		dler	т		
16a WAS DECEASED EVER IN U.S (YES, NO OR UNKNOWN) (IF YES	COVE WAR OR DATES		Ooris E. Ar	adore ndrews, da					
	or only one cause per line for 1g), (but used BY:	ond icilia,	41			BETWEEN C	MATE INTERVAL ONSET AND DEATH		
	DUE TO, OR AS A CONS	EQUENCE OF	1 - 4			IN PART 10			
190 DATE OF OPERATION 710. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WI	HICH OPERATION	000-0-00	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	G CAUSES			
OR CONTRIBUTING CAUSE O	FOEATH HOUR A.M. MONTH	DAY YEAR	216 HOW INJURY OCCUR			and .			
WHILE WHILE	21e PLACE OF INJURY		211 LOCATION STREET	CITY OR TO	VN	COUNTY	STATE		
saw the deceased alive	12 I certify that (I) this hospital attended the deceased from 19 5, to 3 1441 19 66, that (I) (ive) lost staw the deceased along on the date and hour and from the courses stated above (I) (ive) (dail) (dail not view the body after death.								
776 SIGNATURE	Down	2)	ATTENDING PHYSICIAN	MEDICAL STAF	F IAN []		13,1986		
Paul T. N			22e ADDRESS	onston Dr.		'2085 kvill	_		
230 BURIAL, CREMATION, REMO-	Jan. 16, 198		metery or crematory of Heaven	23d LOCATION CITY OF TOWN Silver		ounty M	state laryland		

24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Home & DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

P.A 300 W. Montgomery Av., Rockville, MD LARY

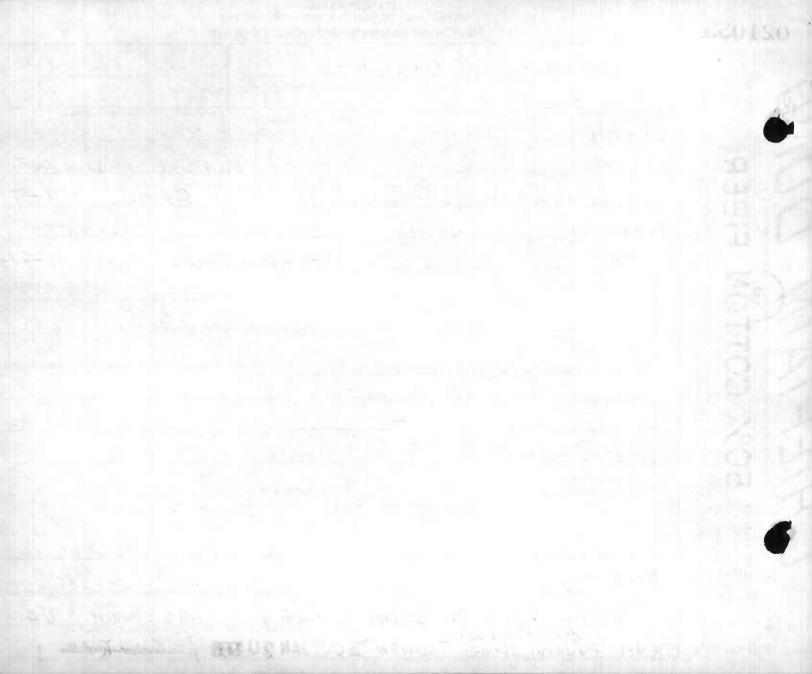
DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR: After

(VRA 15, 4)

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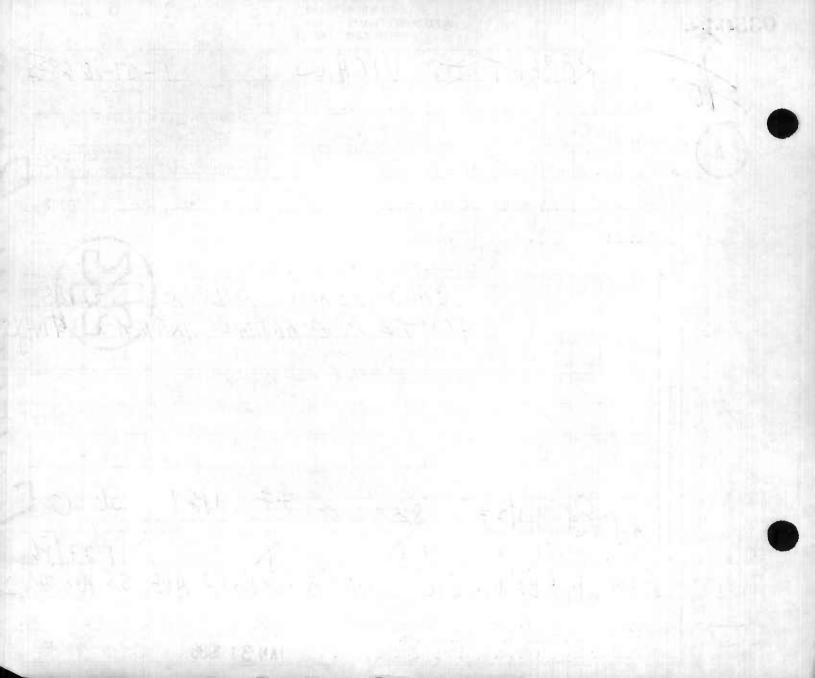
	1	STATE OF MARYLAND OF HEALTH AND MENTAL HOGIENE 0 2 5 6	
021055	1-	- STATE	
021000	1 88	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
		20. DATE KNOWN MONTH	DAY YEAR 26. HOUR
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F 드 호텔	3 SE	The state of the s	DAY YEAR 2d HOUR
NS 2 CR		M C MONTH DAY YEAR (AST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED DEAD	14 86 1407
A A A A A A	70. B	BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 18	TY OF DEATH
S NECESSARY, PLEASE FUNERAL DIRECTOR. 5 FOR YOUR FILES. D. WITHIN 72 HOURS FEYON STREET,	E	FOREIGN COUNTRY) TPAN WIDOWED DIVORCED DIVORCE	1 : 200
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S TOWNS	14. F	FATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE	LAST
LOTAN BEAR	17	BABAKHAN UALIAN SHAHRBANOU SHA	AMAT
W 888 7	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	111111
E E E E E E E	1 "		ME AS# 13
OE & S		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)	APPROXIMATE INTERVAL
Fa Pales W		PART I DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
A STATE OF THE STA		IMMEDIATE CAUSE (o) CONSEQUENCE OF	12016
		Conditions, if any, which	1.111
W. P. WITH WINE TRAIN MALE OR RE		gove rise to immediate (b) TRIBCUCROTTE (MB10 V DE a VMM DISETR	DANDEF
A CANANA		cause (a) stating the <u>under-lying couse lost.</u> DUE TO, OR AS A CONSEQUENCE OF	
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RECORDS LD BE EXE PENDING PENDING PENDING REALTH AN REALTH AN	1,	PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
VISION OF VITAL RECC CERTIFICATE SHOULD BE TING THE WORD." PENDIN DED 10 THE CHIEF MEDIN 23 SHOULD BE USED AS DEPARTMENT OF HEALTH 1 PROR TO BURNAL, CRE	CERTIFICATION	18 DATE OF OPERATION	
WITAL B SHOULD ORD "P C CHIEF C USED D RIAL	2	196 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
DIVISION OF VITAL SCENTIFICATE SHOUL RITING THE CHIEF RE 3 SHOULD BE USE E DEPARTMENT OF HE OF PROPERTY OF HE OF PROPERT			YES NO
O SAN THE SAN OF THE S			(RT 2)
NO FED SER	MEDICAL	CONTRIBUTING CAUSE OF DEATH 3 2M. 1 /4 19 8 CO CLAPSED ON MACHINE	
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A DE SE			nion
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TO MEDICAL EXAMI EXECUTE THE CERTIF PAGE 4 SHOULD BE TO FUNERAL DIREC AFTER DEATH, WITH BALLTMORE, MARYLL	22 n D		MAGSOLIA
	230.B	(SPECIFY) B. C. CITY OR TOWN	NTY STATE
07/84 BP	74 F	FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR S	H UA
DHMH - 17		NAME JOHN HALLON	I I I I
(VR A15 ME (5))	LD	DENOL KYNERAL HOME WASH. D.C. JAN 20 HO Gulla Davidon	John Com



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO				
4		CEASED NAME	FIRST	CAY	MIDDLE	1/1	AST AAC	20. DATE	OF DEATH M	AONTH DAY	YEAR 2b	HOUR	
	_		010	EKI		VI	UHICO			1-21	-86 6	2 Am	
5	1. SEX			4. RACE		5 DATE OF BIRTH			IN YEARS LAST BIRTH	MONTHS		OURS MIN.	
/	Section 1946	Male		Cauca		vece	mber 30,19		1000000000000	YRS			
		RTHPLACE ISLATE OR F	OREIGN		WHAT COUNTRY?	MARRIE	D NEVER MARRIED	BALTI	- III	COUNTY OF DE	AIH		
1		LLINOIS TY OR TOWN OF DEA	TU	USA	ALSOLINA LATINSON	WIDOWE			Montgo		KINID OF BI	MD.	
1				(IF NOT IN SUC	ME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION OF IN SUCH FACILITY, GIVE STREET ADDRESS			(TYPE OF V	ORK FOR MOST OF	WORKING LIFE INE	DUSTRY AK	polied	
1		lver Spring	ING HOME OR	OTHER INSTITUTION	Cross Hos			Aero	nautica	a Engip	hysics	Lab.	
P	lle S	TATE	136 COUN	TY	13c CITY OR TOW	N	13d. INSIDE CITY LIMI		T ADDRESS /		0.1	0001	
5	MATA	THER'S NAME	Monte	gomery	Silver S	pring	15 MOTHER'S MAIDE		5 Piero	e Drive	20	1901	
9		Minland		MIDDLE T	Vicar		FIRST		WIDDLE	C	LAST		
H	160 V	Michael VAS DECEASED EVER	IN U.S. ARA	MED FORCES?	16b. SOCIAL SECU	w.	Anna 17 INFORMANT		ADDRES		onnor		
	100	ES, NO OR UNKNOWN)	(IF YES GIVE	WAR OR DATES)	357-03-7	574	Harriet G	Vicans	wife	Same	ns 12		
	No.	18 CAUSE OF DEAT	H (Fote, col	v 050 50140 Der	- 1	37.0	Marie 6	· Vicari	wine		APPROXIMAT BETWEEN ONSE	EINTERVAL	
-		PART I. DEATH W	AS CAUSE	BY:	(H	010	ORFNII	5	MAPE		741	25	
		- T.	IMMEDIAII	E CAUSE (a)	a se A conscious	NCFOFO	1111	. ^	10-1		-)//-	AL A	
Н		Conditions, if any,	which	DUE TO, O	R ASA CONSEQUE	TE	MYOCI	412014	L IN	1FADCTI	ON	BIDAY	5
		gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF											
		underlying couse last (c)											
P	_	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a											
_	CERTIFICATION												
1	FICA	190 DATE OF OPERA	ION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 A	UTOPSY?	20b. IF YES, WER IN CERTIFYING	E FINDINGS CAUSES OF	DEATH?	
-	BETIE	21a. ACCIDENT WAS UNE	EDIVING T	21b. TIME O	E INTILIDY		Tale HOW INCHES	YES [YES		40 🗌	A
g.		OR CONTRIBUTING		110110	M. MONTH DA	Y YEAR	21c. HOW INJURY O	CCURRED (ENTE	R NATURE OF INJURY	IN ITEM 18 PART 1 OF	R PART 2)		
	MEDICAL	(IF EITHER NOTIFY MEDIT		P.		19	211, LOCATION						
	ME	WHILE TO NOT WH			REET, FACTORY, OFFICE FA	ARM ETC)	STREET		CITY OR TOW	N CC	YTAUC	STATE	
		220.1 certify that (I)	-	al) assaultant sh	a decreased from 6	1	20	77	112	7	40	0	
		age the Recour	Sanive of	1123	19.8	6_, or	nd that in (my) (our) op	inion deoth occu	erred an the dat	e and hour and f	ram the cau	ses stated	
		77 MALLER	did did for	view the body	ofter deoth.	,	DEGREE				20 DATE SIG		
9		(IVAIL	101	LAMA AID	a AAA	N	ATTENDI	NG MEDIC	AL STAFF		1/27	-11/2	
t		PHYSICIAN DIRECTOR PHYSICIAN 220 ADDRESS											
4		ALAN	1. K	HRMI	AIFR		10313 6	-HORG	IA A	VE. S.	S.Mi	32040	1
		URIAL, CREMATION,	REMOVAL	23b. DATE	23c N	AME OF C	EMETERY OR CREMAT	ORY 23d LC	CATION				
		Specify) Runial		1/30/8		te of	Heaven Cem	etery S.	ilver Sp	oring Mo	ntgome	ery Md.	
	24. FU	JNERAL DIRECTOR			ollins, J	r.	25	DATE REC'D. B	Y REGISTRAR 2	SEREGISTRAR'S	SIGNATURE		
	50	0 Universi					g, Md.	JAN 31	1986	Joshia David	won-Man	lucione?	

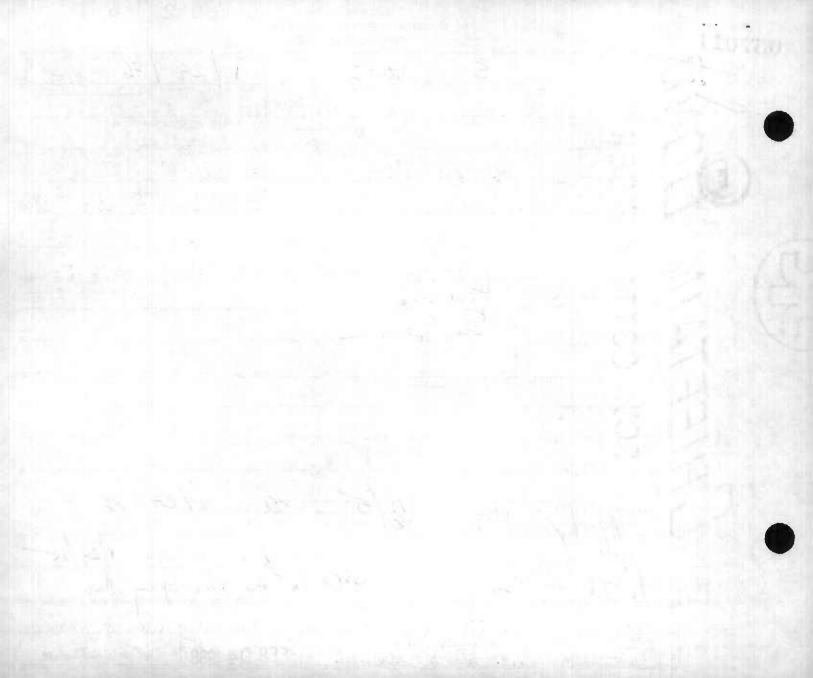
DHMH - 16 60M 7/84 (VRA 15, 4)



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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13 no 13	Vose(life) to	Elizabeth M.	277-11-0752		Ifc
	on the			A COLUMN	

(VRA 15, 4)

STATE OF MARYLAND

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The control of the co	

1 - STATE REGISTRAR		DEPAR	MENT OF HEALTH AND MEN CERTIFICATE OF DEA	ITAL RYGIENE
DECEASED NAME	FIRST	WIDDLE	LAST	20. DATE
(TYPE OR PRINT)	Ernestine	Knopf	Waite	

REGISTRAR		•	EKTIFICATE	OF DEATH	REG. N	0.		
DECEASED NAME FIRST	MIC	DDLE	LAST		20. DATE OF DEATH		DAY YEAR	26 HOUR
Ernest	ine Kr	opf	Waite		Jan	. 30,	1986	8:15 P
3. SEX	4 RACE	5.	DATE OF BIRTH		6 AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	
Female	White		July 1	1879	106	YRS	MONINS DATS	HOURS MIN
TO BIRTHPLACE (STATE OR FOREIGN	16 CITIZEN OF W	HAT COUNTRY? 8		VER MARRIED	9 BALTIMORE CITY	R COUNTY	OF DEATH	
NJ	U.S.A.		VIDOWED A	DIVORCED	Montgom	ery		٨
O CITY OR TOWN OF DEATH		OSPITAL, NURSING		RINSTITUTION	12a USUAL OCCUPAT			OF BUSINESS C
Kensington	Circle	Manor Nu	rsing Ho	ome	Homemake			ome
USUAL RESIDENCE (IF NURSING HOME 130. STATE 136 COU MADELLAND MOD	I YTAL	re residence before ab. 3c CITY OR TOWN Kensingto	113d. INS	IDE CITY LIMITS?	13 STREET ADDRESS Car	zip code	Pl. 20	895
14 FATHER'S NAME	MIDDLE .	LAST	15. MOT	HER'S MAIDEN NA				AST
August	rnst	Knopf		Almira	Sophi		Ma	ner
(YES NO OR UNKNOWN) (IF YES.	RMED FORCES?	66 SOCIAL SECURIT		ormant on M. Wai	te 4004 Bol		err. Ol	20832 ney, MI
Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN	DUE TO, OR	AS A CONSEQUENCE AS A CONSEQUENCE AS TRIBUTING TO DEA	CE OF		Lie MINAL DISEASE OR CON		VEN IN PART 3	lla
196 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITI	ION FOR WHICH OF	PERATION WAS P	PERFORMED	200 AUTOPSY?	IN CERTIF	S, WERE FIND FYING CAUSE ES	INGS USED S OF DEATH? NO
OR CONTRIBUTING _ CAUSE OF C	P.M	. MONTH DAY	YEAR 19		RED (ENTER NATURE OF INJU	RY IN ITEM IB	PART I OR PART 2)	
21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE O	F INJURY ET, FACTORY, OFFICE, FARM		CATION	CITY OR TO	NWO	COUNTY	STATE
220.1 certify that (1) (this has saw the deceased alve above, (1) (we) (did did	pital) attended the	fecessed from 8	6, and that in	(my (our) opinion	death occurred an the d	ate and have	or and fram the	, that (I) work e causes stated
The SIGNAL BEALT	Keelo	M.D.	DEGREE	ATTENDING PHYSICIAN	MEDICAL STA			e signed 1. 31, 1
Barry N. Ros			372 AC		ut Ave., Ken	singto	on, MD	
230 BURIAL, CREMATION, REMOVA				OR CREMATORY	23d LOCATION Alexandr		A COUNTY	STATE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 60M 7/84

PARE SUN AME 5130 WI Ave. NW Wash., ADD 20016 (VRA 15, 4)

23b. DATE 2/3/86

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Alexandria, VA

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	PY, PLEASE DIRECTOR. DUR FILES. 72 HOURS DIN STREET,	1/					1921	GA BIRTHD	AY) MONT				PRONOL	INCED			
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	AND BE TO BE	EISU	Bethesd	E IN NURSIN	G HOME OF O	Suburban	HOSE	PEFORE ADMISSI	ONI				1111	STUCEL		Italiio	au
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102 50	AL EXCHANGE AND WINDS AND				NOTTIONS CON	(c)	BUT NOT PEL	ATEN TO THE TERM	INAL MISEAS	E DP CONDITION	N CIVEN IN DA	PT 1 (n)					
DIVISION OF VITAL RECORDS	ULD BE D "PENDIN ED AS HEALTH.	TION										KI I (Q),					
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DIVISIO	WRITING WRITING ARDED 1 GE 3 SH NTE DEPA	MEDIC	21d INJURY O	CCURRED		21e PLACE	OF INJURY	(AT HOME,	24/15	41101b/	truck		Callege .				
1	TO MEDICAL EXAMINER: THE EVECUTE THE CERTIFICATE, V PAGE 4 SHOULD BE FORW TO FUNEAL UNRETORS, PAFTER DEATH, WITH THE STANGE, MARYDAND, Q)		22a. 1 certif	y that I tac	ık charge a			CTP.		1		_			and in my o	pinion	
8	EXAM CERTIF JID BE DIREC		1000	MI	Natural	Courses 1	Accident	An		TITLE (S	SPECIFY)			171	J.		
	DICAL TE THE A SHO NERAL DEATH		SIGNATURE_	My	12000	of the A	ve je	1 MD							SIGN	_{1ED} L-/-86	
	EXECU PAGE AFTER	73a B	TYPE OR PRIN	(T)						ADDRESS_							
07/8- 25M								Gate of	Hea	ven Ce	emeter						and
23/41	DHMH - 17 (VR A15 ME (5))	24 F	1331 Ro	ckvill	son W e Pik	heeler e, Rocky	runer ville,	Maryla	ne, Ind 2	nc. 0852	JAN		1988		GISTRAR'S	SIGNATURE	1

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١	1-	STATE			DEFARIA		ICATE OF DE	ATH	REG.	NO.			
Ì		EASED NAME	FIRST	٨	AIDDLE	L)	AST		20. DATE OF DEATH	MONTH	DAY YEAR	2b. HO	UR
1	Hite	ORPRINTS	Loret	ta	Yost	War	dlaw		January	4, 19	986	5:	45pm
1	3. SEX	(4 RACE		5 DATE C		AEVB	& AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER 1 YEAR	IF UNDE	R 24 HRS
J	Fe	male		Caucas	sian	July	5, 192		64	YRS.	MONINS DATS	HOURS	MIN
7		RTHPLACE (STA	TE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	□ NEVER MA		9 BALTIMORE CITY		Y OF DEATH		
/]	Wa:	shingt	on.DC	United	States			RCED	Montgon	nery (County		MD.
1		TY OR TOWN O		11. NAME OF H	OSPITAL, NURSIN	G HOME O	R OTHER INSTITU		120 USUAL OCCUPA		126 KIND		
4	Si	lver S	pring		Disney			4 5 1	Homema		Own		0
7	130 S Ma	AL RESIDENCE (INTATE ATYLAN THER'S NAME FURST Louis		OTHER INSTITUTION	GIVE RESIDENCE BEFORE 130 STYPEJOW Sprin LAST Yost	admission) N	13d INSIDE CITY YES NOTHER'S M	XX	13e STREET ADDRES	S / ZIP COD	Lane,		
1			EVER IN U.S. AR		166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADI	RESS	1964		
1	{ A	NO OR UNKNOW	(IF YES GIV	E WAR OR DATES)	577-20-4	648	Barbar	ra J.	Kimber1	v. sa	me as	#13	
1		18 CAUSE OF	DEATH (Enter on	ly one couse per	line for 101. (b Jane		/	-	1 -		APPRO BETWEEN	KIMATE INTI	RVAL D DEATH
1		PART I. DEA	TH WAS CAUSE	D BY. E CAUSE (0)	> Schen	uc	Hea	et	Disece	10	3	1/le	an
		Conditions, if gove rise to couse (o), underlying	immediate stating the	(d)	R AS A CONSEQUE	5768	ME	1000	× ye	JE.	15	ye	eus
	NOI	PART 2 OTHER	SIGNIFICANT	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO	THE TERM	NAL DISEASE OR CO	NDITION G	IVEN IN PART I	10	
1	CERTIFICATION	90 DATE OF O	PERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORM	NED	200 AUTOPSY?	IN CERT	ES, WERE FIND IFYING CAUSE (ES]		TH?
9	1020	OR CONTRIBUTING	AS UNDERLYING COLORS	TH HOUR A.	M. MONTH DA	Y YEAR	21c HOW INJU	RY OCCURR	ED (ENTER NATURE OF IT		PART OR PART 2)		
	MEDICAL	WHILE AT WORK	OT WHILE AT WORK	21e. PLACE ((AT HOME STR	OF INJURY EET FACTORY, OFFICE F	ARM, ETC)	211 LOCATION STREET	1467	CITY OR	TOWN	COUNTY		STATE
		saw the de	iat (1) (this hospi eceased alive an	JAN	deceased from	TA 10	d that in (my) (or	19 <u>\$</u> 4	to TAN	date and ho	19 <u>86</u>	that (1)	(we) lost tated
	-	77h SIGNATUR	Hel	lina	e of				MEDICAL S		Jan	.5,	1986
		PANTED DOUGLESS AND	hen M.		an, M.D.				Montrose ille, Ma			52	
	(:	Buri		8, 19	86 Pa	rk1a	emetery or crewn Mem.	Park	23d LOCATION CITY OF TOWN	ille.	Marv1	and	STATE
	30	O West	Robert Montg	A.Pum omery	phrey F Ave.Roc	iner	al Home	250 DATE	REC D. BY REGISTR	AR 256 REGIS	STRAR'S SIGNA	TURE	

DHMH - 16 60M 7/84 (VRA 15, 4)

029050

_		FOR
1	-	STATE
		REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.		1
	1 DE	CEASED NAME FIRST	A	AIDDLE	t	AST	20 DATE OF DEATH		DAY YEAR	26 HOUR
L		Fero	1 3	5 U	JAR	THEN	JAN S	1/19	186	10204
1	1.583	Female	4 RACE	100 100 100	5. DATE C		6 AGE (IN YEARS LAST BIR	_	IF UNDER I YEAR	
1	1		Caucas	Lan	May	22 1890	95	YRS	0273	MIN.
1		IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CITY	R COUNTY	OF DEATH	
)	10		United S		WIDOWE	D DIVORCED	MONY	-	ery	County
1	10 CI	ITY OR TOWN OF DEATH		OSPITAL, NURSIN H FACILITY GIVE STREET A		PROTHER INSTITUTION	120 USUAL OCCUPAL	ON WORKING HEE	126 KND	OF BUSINESS OR
	71	lverspring	prol	y cros	St	tospital	Artist		Ar	
	USU/ 13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN		136 CITY OR TOW		1 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	/ 7IP CODE		
1	Ma	ryland Montg		Rockvil1		YES X NO	8110 Jeb S		Rd /	20854
e.	14. FA	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME			
1		Neil	MIDDLE	Sibley		Catherine			Hoef	ler
1		WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS	9	
	n		t wan on party	578 24 3	448	Sibyl Smith,	see #13			
		18 CAUSE OF DEATH (Enter on	ly ane cause per	ine far jain (b), and	did /	. 1			APPRO	XIMATE INTERVAL
		PART I. DEATH WAS CAUSE	E CAUSE (a)	bystine	Neai	t Failure				
				AS A CONSEQUE	NCE OF					
	-	Canditions, if any, which	(1b)_	AS A CONSEQUE	INCE OF					
		gave rise to immediate cause (a), stating the								
		underlying cause last.	DUE TO, OF	AS A CONSEQUE	NCE OF					
		PART 2 OTHER SIGNIFICANT C	ONDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 1	10
	8		0.0110110		27111	TO THE TENM	WAL DISEASE ON CON	DITION GIVE	IN BAT OKT 1	Tu .
	CERTIFICATION	1% DATE OF OPERATION	THE CONDI	HON FOR WHICH	OPERATION	N.WAS PERFORMED	20s AUTOPSY?		WERE FIND	
	黄		100				VES [] NOSE]	IN CERTIFY YES		S OF DEATH?
1	18	ZIE ACCIDENT WAS UNDERLYING				71r. HOW INJURY OCCURS	Total Maria		- Street	5.100 April
1	0.75	OR CONTRIBUTING CAUSE OF DEA	160	A. MONTH DA						
	MEDICAL	THE INJURY OCCURRED	21e PLACE C		19	211 LOCATION				
	W.	west [] sometiment []	CAT HOME STATE	ET FACTORY OFFICE FA	ulim, (TC.)	-5796127	CH1 0410	Mitte:	COUNTY	STATE
	3.5	AT WORK AT WORK AT WORK AT WORK		4	2/1/2	24	1/21		. 86	4
	1	the destroyed live on.	2 2 15 1	19 8	6	d that in (my) (our) opinion a	tenth occurred on the d	ate and hour	The second second	, that (i) (we) last
		above, (II (ye) (yed) (did not	view the body	ofter death.	212	DECINE		-		Designation of the second
		1 TUCCO X					MEDICAL STA	17	192	ESIGNED
		22 PHYSIC IANI SALAMS	10000			PHYSICIAN A	MEDICAL STA	SAN .	11/	780
		THYSICIANES NAME ITHE O	California .		1	JY 9	A. 00.	(1)	1	1
		1 MUL 41- 46				100 pages	you che	4 CKG	e 1	4
	23a. 8	BURIAL CREMATION, REMOVAL	23b DATE	Dic N	AME OF C	METERY OR CHEMATORY	23d LOCATION)	2000M	7777000

DHMH - 16 60M 7/84 (VRA 15, 4)

Cremation

Jan. 23, 1986 Metropolitan Crematory Alexandria, Virginia

PA FUNERAL DIRECT Robert A. Pumphrey Funeral Homes, P.A.

JAN 27 1986

JAN 27 1986

JAN 27 1986 300 W. Montgomery Av., Rockville, Maryland

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CAROL STUART WATSON JANUARY 19 1986 7:35 SEX FEMALE CACCASIAN ACCIT STUART WATSON JANUARY 19 1986 7:35 SARE OF BIRTH ACCIT STUART WATSON JANUARY 19 1986 7:35 SARE OF BIRTH ACCIT STUART WATSON JANUARY 19 1986 7:35 SARE OF BIRTH ACCIT STUART WATSON JANUARY 19 1986 7:35 SARE OF BIRTH ACCIT STUART WATSON JANUARY 19 1986 7:35 SARE OF BIRTH ACCIT STUART WATSON JANUARY 19 1986 7:35 SARE OF BIRTH ACCIT STUART WATSON JANUARY 19 1986 7:35 SARE OF BIRTH ACCIT STUART WATSON JANUARY 19 1986 7:35 SARE OF BIRTH ACCIT STUART WATSON JANUARY 19 1986 7:35 SARE OF BIRTH ACCIT STUART WATSON JANUARY 19 1986 7:35 SARE OF BIRTH ACCIT STUART WATSON JANUARY 19 1986 7:35 SARE OF BIRTH ACCIT STUART WATSON JANUARY 19 1986 7:35 SARE OF BIRTH ACCIT STUART WATSON JANUARY 19 1986 7:35 SARE OF BIRTH ACCIT STUART WATSON JANUARY 19 1986 7:35 SARE OF BIRTH ACCIT STUART WATSON JANUARY 19 1986 7:35 SARE OF BIRTH ACCIT STUART WATSON JANUARY 19 1986 7:35 SARE OF BIRTH ACCIT STUART JANUARY 19 1986 7:35 SARE OF BIRTH ACCIT STUART JANUARY 19 1986 7:35 SARE OF BIRTH ACCIT STUART JANUARY 19 1986 JANUARY 19 1986	.063	Ŀ	FOR STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	2 5 7	0	
FEMALE CAUCASIAN ADUSTS 14 1931 54 YES OF THE PROPERTY OF COLUMB IA UNITED STATE WISDONED DISTRICT OF COLUMB IA UNITED STATE WISDONED DWORKED			OR PRINT!	OL STUART WATSON	LAST			I	
The Bitthplace State prices The Column IA United State Montgomed The Montgomed T	rs ofter d	3. SE					MONTHS DAYS		
BETHESDA USUAL RESIDENCE PARTISHON OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 1. PROGRAME (SWEET OF MORNING LIFE) 1. INDUSTRY 1. INDUSTRY	in 72 hou				MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH			
18 STATE ADDRESS / ZIP CODE 18 MONTGOMENY		10 C		11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCHEACHEY GIVE STREET NAVAL HOS	G HOME OR OTHER INSTITUTION SPITAL			OF BUSINESS O	
LEANDER SCALES STUART See Was deceased ever in u.s. armed forces? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS ADDRESS 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 18 CAUSE OF DEATH Enter only one course per line for 101, (b), and (c). RUCKVILLE, MD 20854 ADDRESS AD	36	USU. 130. S MA	STATE 113b. COU	NTY 130 CITY OR TOW	N 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / 1 1251 DERBYSI	ZIP CODE HIRE ROAD	20854	
See WAS DECEASED EVERIN U.S. ARMED FORCES? 186 SOCIAL SECURITY NO. 17 INFORMANT 17 INFORMANT 18 YES GIVEN AND DATES 18 YES GIVEN AND D	appropriate / D	14. FA		ALES STUART	FIRST	MIDDLE	E KREH	LAST	
PART I, DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) ADENOCARCINOMA OF THE LUNG DUE TO, OR AS A CONSEQUENCE OF	Pope /			IVE WAR OR DATES)	RITY NO. 17 INFORMANT	ADDRES	S	AD,	
TO DISCOUNT WAS UNDERLYING 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES X NO YES X	D 0 0 5		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	ED BY: (ITE CAUSE (a) ADENOC, DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	ARCINOMA OF THE LU	ING			
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 19 IN COUNTY STATE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 19 IN COUNTY STATE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 19 IN COUNTY STATE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 19 IN COUNTY STATE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 19 IN COUNTY STATE OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 19 IN COUNTY STATE OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 19 IN COUNTY STATE OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 19 IN COUNTY STATE OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 19 IN COUNTY STATE OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 19 IN COUNTY STATE OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 19 IN COUNTY STATE OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 19 IN COUNTY STATE OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 19 IN COUNTY STATE OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 19 IN COUNTY STATE OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 19 IN COUNTY STATE OR CONTRIBUTION CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 19 IN COUNTY STATE OF THE TAX YEAR 19 IN COUNTY STAT	os been sign perior to bu sony injury.	IFICATION				20a AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE	INGS USED	
10 of the deceased alive an JANIJARY 19 19 86 and that in (my) (aur) apinion death accurred an the date and haur and from the causes stated over, (1) (we) (did not) view the body ofter death. 10 of the deceased alive an JANIJARY 19 19 86 and that in (my) (aur) apinion death accurred an the date and haur and from the causes stated over, (1) (we) (did not) view the body ofter death. 11 of the deceased alive an JANIJARY 19 19 86 and that in (my) (aur) apinion death accurred an the date and haur and from the causes stated over, (1) (we) (did not) view the body ofter death. 12 of the deceased alive an JANIJARY 19 19 86 and that in (my) (aur) apinion death accurred an the date and haur and from the causes stated over, (1) (we) (did not) view the body ofter death. 13 of the deceased alive an JANIJARY 19 19 86 and that in (my) (aur) apinion death accurred an the date and haur and from the causes stated over, (1) (we) (did not) view the body ofter death. 14 of the deceased alive an JANIJARY 19 19 86 and that in (my) (aur) apinion death accurred an the date and haur and from the causes stated over, (1) (we) (did not) view the body ofter death. 15 of the deceased alive an JANIJARY 19 19 86 and that in (my) (aur) apinion death accurred an the date and haur and from the causes stated over, (1) (we) (did not) view the body ofter death. 16 of the deceased alive an JANIJARY 19 19 86 and that in (my) (aur) apinion death accurred an the date and haur and from the causes stated over, (1) (we) (did not) view the body ofter death. 17 of the deceased alive an JANIJARY 19 19 86 and that in (my) (aur) apinion death accurred an the date and haur and from the causes stated over, (1) (we) (did not) view the body ofter death. 18 of the deceased alive an JANIJARY 19 19 19 86 and that in (my) (aur) apinion death accurred an the date and haur and from the causes stated over, (1) (we) (did not) view the body ofter death.	certificate I		OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH DA	AY YEAR 19		NEW2		
sow the deceased alive an JANTIARY 19 19 86, and that in (my) (aur) apinion death accurred an the date and haur and from the causes stated lave, (I) (we) (did not) view the body after death. DEGREE ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 21 JAN 198	offer this as the bulk or hed or	MED	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE, F.	ARM ETC) STREET		N COUNTY	STATE	
ATTENDING MEDICAL STAFF MC USNR MD ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 21 JAN 198	RECTOR: At hed for use opt. of Healt rem 21 is ma		22a. I certify that (I) (this hosp saw the deceased alive an above, (I) (we) (did) (did no	n JANIJARY 19 19 at view the body ofter death.	86_, and that in (my) (aur) apinior		e and have and from the		
	by the ERAL DI se detach State De ANT: # h		2d. PHYSICIAN'S NAME LIVE	MC, USNR	MD ATTENDING PHYSICIAN		an × 213	TAN 1984	

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL 23b. DATE Cremation

J.M.GUINEE, LT, MC, USNR

23c NAME OF CEMETERY OR CREMATORY Jan. 22,1986 | Smithsburg Crematory

Smithsburg, Washington,

NATIONAL CAPITAL REGION, BETHESDA, MD 20814

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTS mith, Keeney & Basford Funeral Home

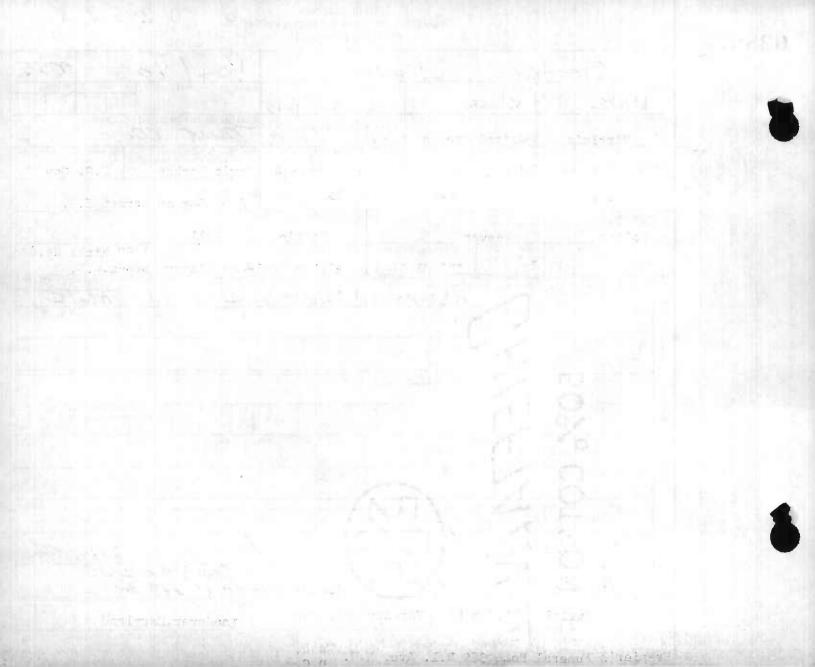
106 East Church St., Frederick, Md. 21701

Condition

A M. CURNEE MC, USNR 024-36-4156

DESCRIPTION OF THE PROPERTY OF THE PARTY OF

The third was a second and a second and a second as a



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2 5 7

		EASED NAME	EIRST	A	MIDDLE	LA	151		20 DATE OF DEATH MONTH DAY YEAR 26 HOUR					
	{ TYPE	OR PRINT)	Judith	F.		Wei	nman		1-29-86 10-5 N					
	3 SE)	(11/2019	4 RACE	5 DATE O	FBIRTH		6 AGE (IN YEARS LAST B	_	FUNDER I YEAR	IF UNDER 24 HRS			
1	10	Female		White		July	31	1968	77	YRS	ONTHS DAYS	HOURS MIN.		
6	7a. BII	RTHPLACE (ST.	ATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8			9 BALTIMORE CITY		OF DEATH			
1		New Yor	le .	U.S	٨	WIDOWE		MARRIED	Montgomer	tr.		MD.		
10		TY OR TOWN C		11 NAME OF	HOSPITAL NURSIN	G HOME O	POTHER IN	STITUTION	12a USUAL OCCUPA	ION		F BUSINESS OR		
0	Che	evy Cha	se	Bethes	Retirem	ent &	Nursi	ng Cen.	Secreta			Govit.		
1	U5UA	L RESIDENCE	IF NURSING HOME OF	OTHER INSTITUTION.	GIVE RESIDENCE BEFORE	ADMISSION)	4177 E	100	13e STREET ADDRESS	/ 710 CODE				
2		aryland	Mont	gomery	Chevy Ch	ase	YES	NO [4800 Chev	y Chase	Drive	20815		
2	14 FA	THER'S NAME		MIDDLE	LAST		15. MOTHER	'S MAIDEN NAM		E-10				
0	μ.	Willia	n	MIDDLE	Frank		D	aisy	MIDDLE		Pic			
		AS DECEASED	EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITYNO	17 INFORM	ANT	ADDI	ESS N	arylan	d.		
1	(1	No	(IF 1ES, GI	E WAR ON DATES)	578-36-5	743	Nan W	einman.	10221 Wes	teigh N				
/		18 CAUSE OF	DEATH (Enter or	nly one couse per	Desprior to be one	dic	. 10	4	14	1	BETWEEN	MATE INTERVAL ONSET AND DEATH		
		PART I. DE		D BY TE CAUSE (o)	Hetasi	elec	Ca	brene	es ferme	reles				
				DUE TO O	R AS A CONSEQUE	NCE OF	0				1-30			
		Conditions, if		((b)			eur	98.		- 75-1	100	1		
		gove rise to	stoting The	DUE TO, OF	AS A CONSEQUE	NCE OF		1	the ?	X	21	vinens		
	- 3	underlying	cause lost.	1	runan	7 0	Nan	ma	Sua	, 0		- injustra		
	7	PART 2 OTHE	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110											
1	CATION			Vivi aciini		00== 1 = 10			Landing	Teat IF MEC	WERE CHICK			
2	FICA	190 DATE OF C	PERATION	196. CONDI	ITION FOR WHICH	OPERATION	N WAS PEKE	OKWED	200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?					
4	CERTIFI	21a. ACCIDENT W	AS UNDERLYING F	7 216. TIME O	FINJURY		121r HOW II	N ILIRY OCCURR	YES NOW YES NO PRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2)					
6	-	OR CONTRIBUTIN	G CAUSE OF DE	HOUR A.	M. MONTH DA	YEAR		, isomi occomi	LED LEINIER HALLORE OF HAL	JAN BALLEM TO FA	MI (OK FAGI 2)			
1	MEDICAL	214 INJURY OF	CURRED	21e PLACE		19	211 LOCAT	ION						
1	MEI		NOT WHILE		PEET FACTORY OFFICE F.	ARM ETC)	STREE		CITY OR T	NWC	COUNTY	STATE		
		WHILE AT WORK	AT WORK	tal) attanded th	e deceased from_	71	75	10 8	K	29	. 86	Show the found for		
M		sow the d	eceosed ofive on	1/0	25 195	6 00	d thoy in (my) (our opinion o	deoth occurred on the	date and hour		that (1) (we) last		
-01		22b. St. 1411		Hi view the body	ther death.		ECREE				22c DATE			
			WX	line T	MAN	ILRE		ATTENDING A	MEDICAL ST.	AFF	1/2	291X6		
7	W	22d. PHYSICIA	NAME TIPE	OR PRINT)		7000	22e ADDRE	SS	DIRECTOR D PATS	CIAN	1	1/00.		
		JA	Blaine	Fitzger	ald, M.D	. /	8218	Wis. Ar	ve., Bethes	da. Md	2081	4		
	23a B	URIAL, CREWA	TION, REMOVAL	236 DATE	23c N			CREMATORY	123d LOCATION		• 2001			
	- 1		mation	2/3/1	1986 Mt	. Comi	Cort C	rematory	Alexand	ria	Virgini	ia		
B4	24 FL	INERAL DIRECT	or Josep	n Gawler	's Sons	Inc.		25a DATE	E REC'D. BY REGISTRA					
04		5130 Wi	sconsin	Ave., N	.W. ash	., D.C		HEB (04 1986 4	his David	lon-Agre	ARC :		

DHMH - 16 60M 7 (VRA 15, 4)

TO FUNERAL DIRECTOR:

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DHMH - 16 60M 7/B4 (VRA 15, 4)

73b. DATE 2-3-86 23¢ NAME OF CEMETERY OR CREMATORY

22e ADDRESS

23d LOCATION ITY OR TOWN Druid Ridge Cemetery

COUNTY

DAY

YE AR

IF UNDER I YEAR

County

7b. HOUR

12h KIND OF BUSINESS OR

Harrison

NO [

STATE

Midlothian, Va

Own Home

IF UNDER 24 HRS

Pikesville, Balto 1050 York Rd 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Maryland

220 DATE SIGNED

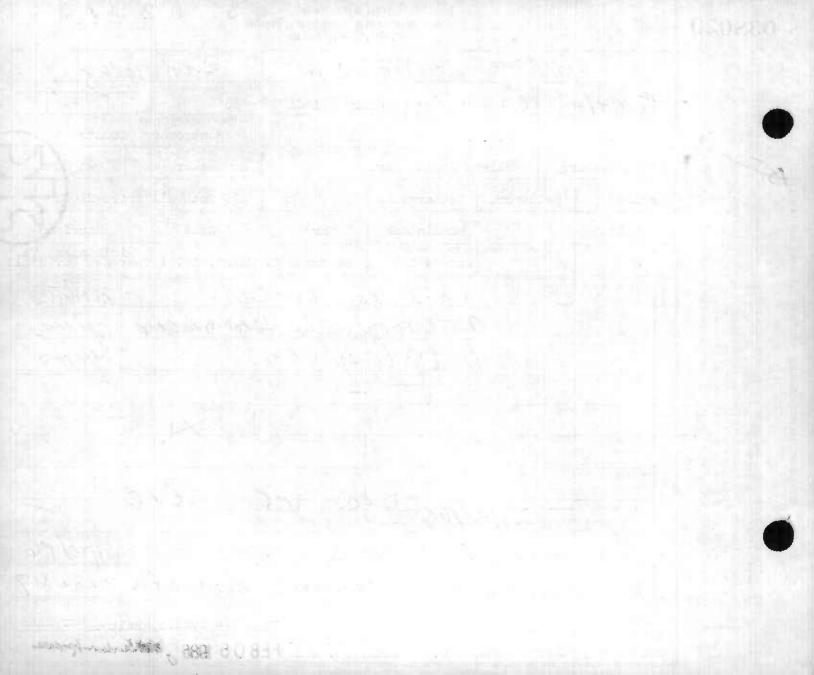
74 FUNERAL DIRECTOR

724. PHYSICIAN'S NAME (TYPE OR PRINT)

23a. BURIAL, CREMATION, REMOVAL

Burial

Ruck Towson Funeral Home, Inc. Towson, Md. 21204 Lb



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.		1	
1. DECEASED NAME FIRST	J	MIDDLE	1	TAS1	20. DATE OF DEATH		Y YEAR	26 HOUR	
JOHN		LOUIS		WELLER	January 4,	, 1986		9:45 AM	
3. SEX	4. RACE		5. DATE O		6. AGE (IN YEARS LAST BIR		UNDER 1 YEAR	IF UNDER 24 HRS	
Male	White	e	Apri	1 24, 1910	75	YRS	INTHS DAYS	HOURS MIN.	
7a. BIRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8	D NEVER MARRIED	9. BALTIMORE CITY	R COUNTY C	F DEATH		
Montana	U.S.	A.	WIDOW	_	NACONITO CONT	ERY CO	UNTY	MD.	
10. CITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12 USUAL OCCUPAT	ti on	12b, KIND C	State	
BETHESDA		AGE HILI		THESDA	Executive		Commer		
Maryland Monte	or other institution.	Rockvill		13d. INSIDE CITY LIMITS?	131430 Str				
Robert James	3 ^{MIDDLE} We:	ller LAST		15. MOTHER'S MAIDEN N			tas M	cCaig	
166. WAS DECEASED EVER IN U.S. A	RMED FORCES?	705-18-7		John C. Wel	ler, Son, Noodbri		tton M	fill Driv	
PART I. DEATH WAS CAUS IMMEDIA Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	ED BY. ATE CAUSE (a) DUE TO, O (b)	Cardio RAS A CONSEQUE RAS A CONSEQUE	puln pul pul	monary en	Colison bosis			maliale mediale	
PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	E ATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN	N IN PART 10	0	
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFYING CAUSES OF DEATH?			
21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	LAIN	M. MONTH DA	YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	1 1 OR PART 2}		
21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE ((AT HOME, STR	OF INJURY PEET, FACTORY, OFFICE, FA	ARM, ETC)	211 LOCATION STREET	CITY OR TO	IWN	COUNTY STATE		
22a. I certify that (I) (this hosp sow the deceased glive a above, (I) (we) faild/(did n	28 1	ec 10 6	95 <u> </u>	nd that in (my) (aux) opinio	n death accurred on the d			that (I) (we) last causes stated	
226. SIGNATURE Le ber	STR	Elan A	0	DEGREE ATTENDING PHYSICIAN	MEDICAL STA		220. DATE	SIGNED In 86	

MPORTANT: If Hem 21 is Robert T. Kelley, M.D. 23a. BURIAL, CREMATION, REMOVAL Burial 1/8/86 BP.

FOR

016119

23c NAME OF CEMETERY OR CREMATORY Quantico Nat., Cem.

22e ADDRESS

23d LOCATION
CITY OR TOWN
Quantico

8218 Wisconsin Ave., Bethesda, MD

STATE Virginia

20814

DHMH - 16 60M 7/84 (VRA 15, 4)

"Joseph Gawler's Sons, Inc., 5130 Wisconsin Avenue, N.W., Washington, DC 20016

REGISTRAR 256. REGISTRAR'S SIGNATURE

Continuery 4, 1986 9:45 AM Jacob San Company of the Company of artos ago jayas heresa eraji Dury Land - Cart Means | Lock ville - Agent valle collect tenne france cvir Ifir motton divir, mot tem, triving control till rive Added to denote vo., we named at 32 which the test to the time the test to the time the test to the te coors Referra one, Inc., All Maconstn evenue, 1.1., Comington, 22 20018

DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH -020284REGISTRAR REG. NO MIDDLE 20 DATE OF DEATH MONTH DECEASED NAME 26 HOUR (TYPE OR PRINT) Alden 04 4 0-A RACE IF UNDER LYEAR 1. 5EX 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS MONTH YEAR 1 [7] YRS TO. BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Massachusetts II.S.A. WIDOWED DIVORCED Montgomery County NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126. KIND OF BUSINESS OR Owner Tour Agency Washington Adventist Hospital Takoma Park JUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUT Cheverly 6303 Joslyn Place Maryland 13d. INSIDE CITY LIMITS? 20785 YES TA 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE John Parker Mary Elizabeth O'Neill 1814 porobin Whipple 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 030-10-7144 Doug Wells (Son) Belmont, Clifornia 94002 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ic PART I, DEATH WAS CAUSED BY 27 cars etastot.c IMMEDIATE CAUSE (0 DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) CERTIFICATION 90. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO I 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIFETHER NOTIFY MEDICAL EXAMINER) P.M. 71d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY OFFICE, FARM, ETC.) MOT WHILE 22a.f certify that (1) (this hospital) attended the deceased from saw the deceased olive on above, (I) (we) (did) (did not) view the body ofter death and that in (my) (aur) apinion death occurred an the date and have and from the causes stated DEGREE 226. SIGNATURE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN PHYSICIAN Should be deta with the State [aur 27d. PHYSICIAN'S NAME (TYPE OR PRINT) 27e ADDRESS 111) 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION REMOVAL 236 DATE 23d LOCATION P.G. 1/13/86 Burial Resurrection Cemetery Clinton Maryland

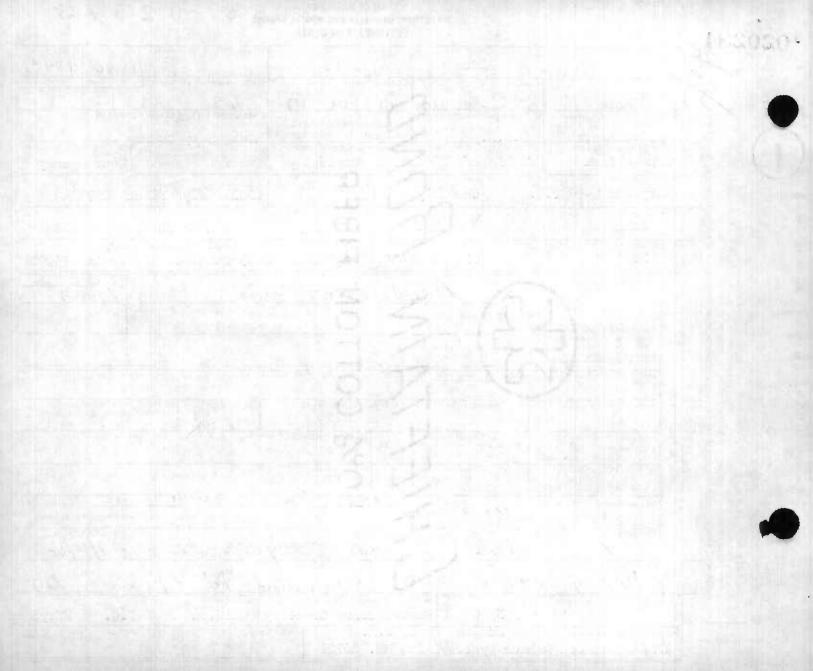
250 DATE REC'D, BY REGISTRAR 256 REGISTRAR'S SIGNATURE

24 Financias Chasch's Sons Funeral Home, P.A.

4739 Baltimore Avenue Hyattsville, Md. 20781

STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)



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detached late Dept.		221 SIGNATURE	88	illa	mo		DEGREE	ATTENDING PHYSICIAN	MEDICAL	STAI PHYSIC			signed 16-86	
should be den with the State		Donald	P. E. R	Dillin,			22e ADDRE	55 2401	Olus	7 - 50	is of	5000	32 120	
· v s <	23a B	urial, Cremation, spe Burial	REMOVAL	236 DATE 2/5/	86	Parkl	awn Me	emorial	Park CIT	ATION Y OR LOWN	kville,	Maryl	and STATE	

DHMH - 16 60M 7/B4

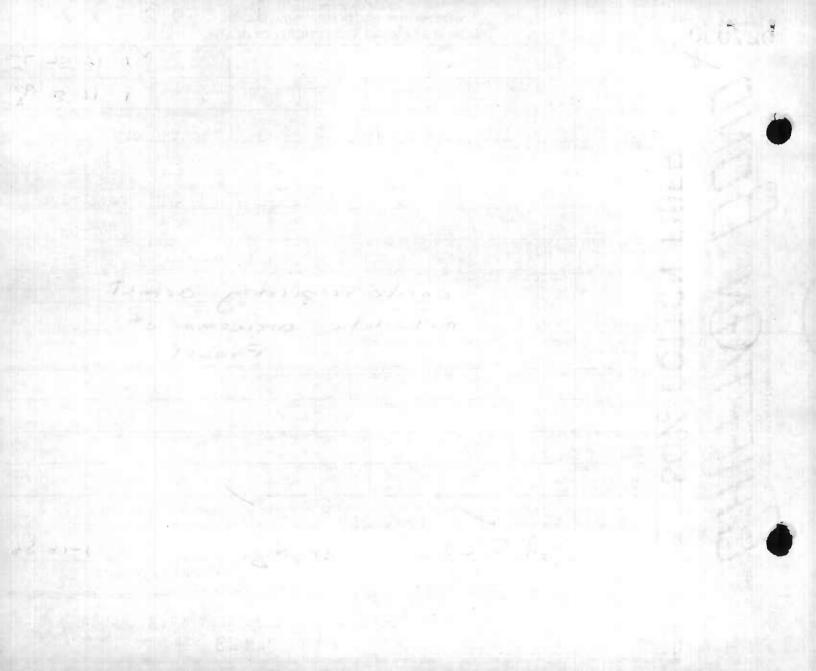
1331 Rockville Pike, Rockville, Md. 20852 (VRA 15, 4)

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Attended to the state of the state of

DEPARTMENT OF HEALTH AND MENTAL BYGISTE MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED NAME O. DATE KNOWN MONTH TTYPE OR PRINT ESTI-R. Susan Wesley DEATH MATED 4 RACE DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS. DATE LAST BIRTHDAY) PRONOUNCED Female. Cauc. Jan. 29, 1894 91 DEAD To BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Pennsylvania United States WIDOWED X DIVORCED Montgomery County 10 CITY OR TOWN OF DEATH Cashier Chevy Chase Chevy Chase Drive #314 Food Store 20815 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Montgomery Chevy Chase NO DX 4750 Chevy Chase Drive 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Nicholas Petro Mary Kolyba 16h, SOCIAL SECURITY NO. 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 180-03-5303 Magdelen M. Wesley, same as 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which CARCINOMO gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO X 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME. 21d INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK 22a. I certify that I taak charge of the remains described above, held an death resulted from: Homicide Undetermined monner 1-16-86 ACTUAL DATE SIGNATURE 8218 Wisconsin Avenue Bethesda, Maryland 2 EXAMINER'S NAME John Tauber, M.D. 230. BURIAL, CREMATION, REMOVAL 236. DATE, Jan. 23c. NAME OF CEMETERY OR CREMATORY Buria1 20, 1986 St. Joseph's Cemetery Nanticoke, Pennsylvania 07/84 25M 74 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Home St. DATE REC'D. BY REGISTRATE STRANGE TO BY REGISTRANGE TO BY REGISTRATE STRANGE TO BY REGISTRANGE TO BY REGISTRATE STRANGE TO BY REGISTRANGE TO BY **DHMH - 17** Wisconsin Ave. Bethesda, MD 20814 PA (VR A15 ME (5))

STATE OF MARYLAND



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111	FOR 1 - STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MEN CERTIFICATE OF DEA	NTAL HYGIENE	0 2 5 EG. NO.	7 8			
12	I. DECEASED NAME FIRST	othy B.	White	January	25,1986	2b. HOUR 10:30Am			
our often	Female	Caucasian	5. DATE OF BIRTH MONTH DAY August 18, 19		YRS YRS	DAYS HOURS MIN			
69	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) New York	United States	MARRIED NEVER MAR	RCED Montgo	omery County				
1,00	Silver Spring		Ävenue	(TYPE OF WORK FOR	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Payroll Clerk 12b. KIND OF BUSINESS INDUSTRY Printing				
133	Maryland Mon	ounty ntgome v Silver S	N 134 INSIDE CITY	10921 I	ress / zip code nnwood Ave. /	20901			
	Ralph	K. White		anor	I. ADDRESS 8909 One	ack			
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ssit permit spene prices spens prices	190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH		YES NO	IN CERTIFYING CALL	USES OF DEATH?			
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FUNERAL DIRECTION OF State Dept. ORTANT: If Item	226 SIGNATURE 226 PHYSICIAN'S NAME (1	Closel VPE OR PRINT)	DEGREE ATTE PHY	NDING X MEDICAL SICIAN X DIRECTOR _ F		n 25,1986			
should be a with the Sto	Eva M.	Morell, M.D.	6000 E	Executive B		le, Md.			
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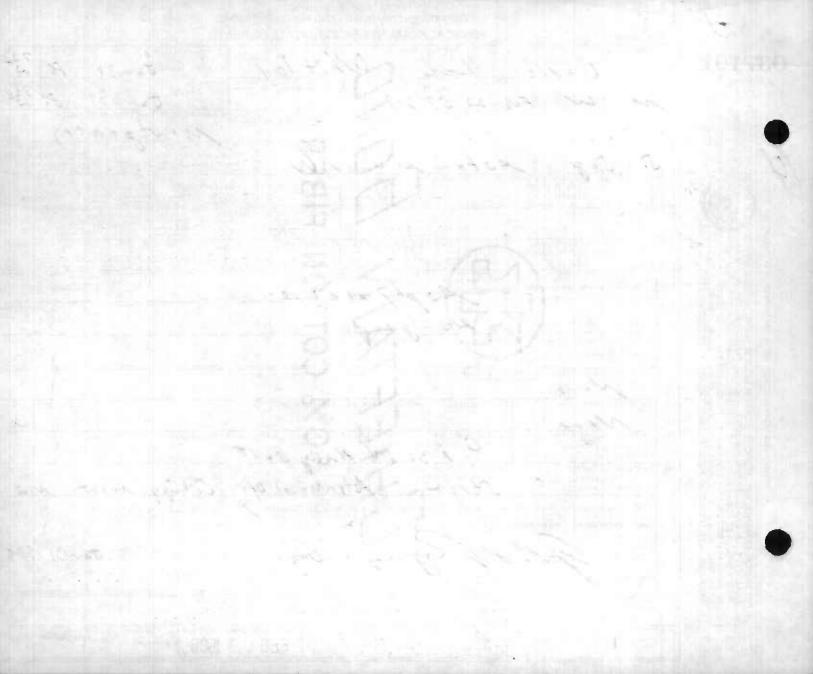
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FOR STATE REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN TO LYNPS (DE PANAL) DEATH MATED. SEX AGE IN YEARS IF UNDER 1 YR DATE OF BIRTH 2c. DATE LAST BIRTHDAY PRONOUNCED DEAD a BRITHPLACE CHARGE MARRIED NEVER MARRIED USA Wash.D.C. DIVORCED 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Plumber- Geo. F. Warner 136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS PG Brandywine 14413 Duckett Road Md YES SC NO [] FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Hendricks Whitley Elaine E. Margaret Clarence WAS DECEASED EVER IN U.S. ARMED FORCES 17. INFORMANT 66. SOCIAL SECURITY NO. 76 1849 Karole Whitley (Wife) Same as 13E None 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES [216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 211 LOCATION (AT HOME WHILE AT WORK 220. I certify that I took charge of the remains described above, held on and in my apinian Suicide > death resulted fram: Natural causes Accident Hamicide Undetermined manner TITLE (SPECIFY) TO FUNERAL DI AFTER DEATH, V ACTUAL DATE SIGNED TOWN 1 1986 SIGNATURE Don MEDICAL EXAMINER 1919 Seminary Rd.S.S.Md. John S. Rogers EXAMINER'S NA Dr. TYPE OR PRINT ADDRESS 230. BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE Wash.D.C. Cremation 2/4/86 Lee's Crematory 07/84 24 FUNERAL DIPECTOR RInaldi 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 11800ss New Hamp. Ave. **DHMH - 17** (VR A15 ME (5)) Silver Spring.Md.

STATE OF MARYLAND



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR	
STATE	

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	- STATE REGISTRAR				CERTIF	ICATE OF DEATH		REG. N	0					
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м	ALE	- 17/1/1	CAUCASI	ΔN	MONTH	NE 13, 1910	_	7.5	YRS.	MONTHS DAYS	HOURS	MIN,		
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-	IRGINIA FATHER'S NAME	FAIRE	AX	ALEXANDR	LA	YES NOX	-	1212 WAKE	FURE	SI DK.,	2230	<u>r</u>		
17	FIRST		MIDDLE	LAST	****	FIRST	21.17.77.01.0	MIDDLE		LAS				
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	TES NO OR UNKNOWN		E WAR OR DATES)	166 SOCIAL SECU	RIIY NO.	17 INFORMANT				6 LIGHTI				
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	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY											BETWEEN ONSET AND DEATH		
	PARTI. DEATH W	IMMEDIATE CAUSE (o) BRONCHIAL PNEUMONIA												
			DUE TO O	R AS A CONSEQUE	NCE OF									
	Conditions, if ony,	which	(b)			ARCINOMA O	F TH	E LUNG		1200				
	gove rise to imm		DUETOO	R AS A CONSEQUE										
	underlying couse		00000,0	K AS A CONSEQUE	NCE OF									
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN											_		
Z														
CERTIFICATION	190 DATE OF OPERA	TION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		200 AUTOPSY? 206 IF YES, WERE FINDINGS US						
I SI								YES X NO YES YES				1?		
ER	21a ACCIDENT WAS UNE	DERLYING T	216. TIME C	OF INJURY		21¢ HOW INJURY O	CCURRE	D (ENTER NATURE OF INJU			NO [
	OR CONTRIBUTING	CAUSE OF DEA	II N	M. MONTH DA										
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П	AT WORK AT WO	RK.			^ ==		-	1/ ***		0.7				
	22a 1 certify that (1)							1o14JAN			that (I) (w			
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	224 PHYSICIAN'S NA	AME (TYPE O	R PRINT)			220 ADDRESS NA	VAT.	HOSPITAL,	NAVAT	MEDICAL	COM	MAND		
	J. M. GIII	INEE.	LT, MC.	USNR				TAL REGION						
23a	BURIAL, CREMATION.	REMOVAL	73b DAIF	230	NAME OF C	EMETERY OR CREMAT		23d LOCATION						
	(SPECREMATIO)	N	1/16,	/86 ME	TROPO	LITAN CREM	ATOR	Y ALEXAN	DRIA	VIRGIN	IA ST	ATE		
24	FUNERAL DIRECTOR	RICHA	RD RAPP	. INC.		2:	Sa. DATE	REC'D. BY REGISTRAR			URE			
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DHMH - 16 60M 7/84 (VRA 15, 4)

BP_

TATE STREET

DHMH - 16 60M 7/B4 (VRA 15, 4)

Burial

24 FUNERAL DREOBERT E Wilhelm Funeral Home

21Jan1986

Suitland, Md.

STATE OF MARYLAND

IF UNDER ! YEAR

MONTGOMERY 126 KIND OF BUSINESS OR INDUSTRY Emba

Secretary British ssy

13e STREET ADDRESS / ZIP CODE 13007 Barnwell Place

Harris Same as #13

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 4 BAXS

20h IF YES. WERE FINDINGS USED

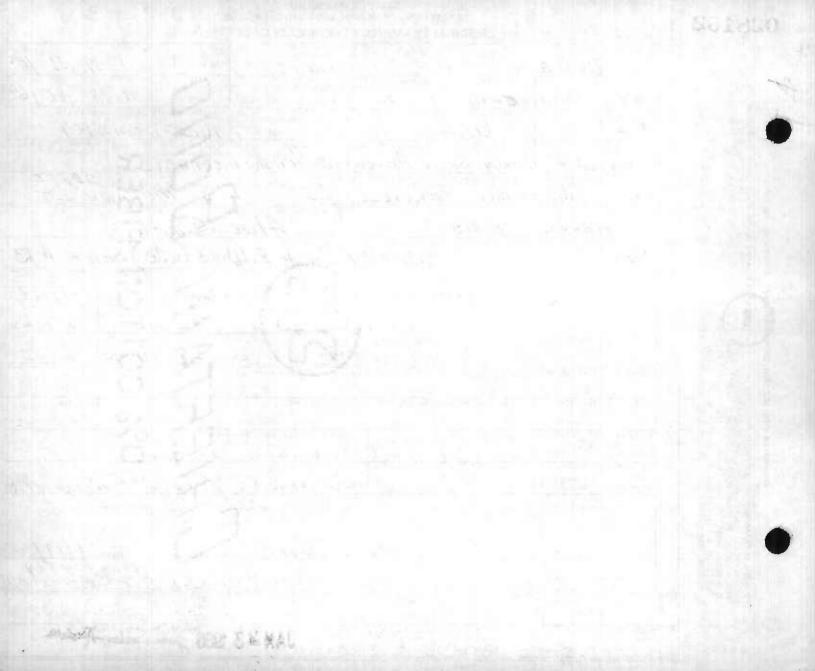
COUNTY STATE

COUNTY Cedar Hill Cemetery Suitland

STATE

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ECO	AS A E	MEDICAL CERTIFICATION		Ton .								
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O FE		NCA.	CONTRIBUTING CAUSE O		OF INJURY (ATHOM		APSED	ACU	TELY			
DIVISION	WRITING ARBED AGE 3 St ATE DEP	MED	14/11/15		CTORY, FARM, ETC.)	STREET	1	CITY OF TO	WN	COUNT	11	STATE
I SIH	PAG PAG 212		AT WORK AT WORK		OME	140317	CLANE CT	/100	KULL	10 /1	1 ans	116
*		100	220. I certify that I took cho	orge of the remain de	scribed abave, held o	n Autopsy	, Inspection .	Inquiry	J. ond	in my opini	on	
N N	E H E E E	- 10	death resulted from: N5	fural causes	Accident .	Suicide, Ho	amicide . Unde	etermined mo	inner,			
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3	SHOULD SHOULD SHOW SHOW SHOW SHOW SHOW SHOW SHOW SHOW	/	SIGNATURE	ecel M	my light	M.D	Der I ME	DICAL EXAM	INER	DATE SIGNED.	1/9	185
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W O	PAGE 4 TO FUNE AFTER DE BALTIMO	20.5	(TYPE OR PRINT)	RANCIS	///	11926 ADDRES	33	ochie	NIN	15 12	61465	UNV
F-1	m	73a. Bt	PECIFY) PLINIS			CEMETERY OR CREM	CIT	OCATION	-1- 17	COUNTY	STA'	TE
07/84 BI	P	74 E1	Burial	1-25-86		laven Ceme			ck, Fr			
	DHMH - 17	24. 70	NAME		N. Washing		JAN 23	1995	June	widoor-	Hallows	
(VR	R A15 ME (5))		George R. Sno	wden Rock	ville, MD	20850			7			



128 1	FOR STAJE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	584
1	CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH DA	Y YEAR 26 HOUR
- O TYPE	Viola	L.	Wilson	January 7, 19	86 2:50 M
3 SE		4 RACE	5. DATE OF BIRTH		UNDER I YEAR IF UNDER 24 HRS
11	Female	Caucasian	August 7, 1909	76 YRS	
2/1	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY C	OF DEATH
	shington, D.C.	USA	WIDOWED DIVORCED	Montgomery	MD.
647	ity or town of death	IF NOT IN SUCH FACILITY, GIVE STREE Randolph Hills		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Cafeteria Worker	126 KIND OF BUSINESS OR INDUSTRY School
130. Ma		NTY 13c CITY OR TON	Spring YES NO NO	130 STREET ADDRESS / ZIP CODE 1007 Forest Glen	Road 2090
Se la	ATHER'S NAME FIRST HENRY	Lockette		WIDDLE	Payne
Ď .	WAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES, GIV O	MED FORCES? 166 SOCIAL SEC (E WAR OR DATES) 217-16-		ghter ADDRESS Ledsoe Same as 13	
event, the	PART I. DEATH WAS CAUSE	nly one couse per line for (o), (b), or D BY: TE CAUSE (o)	of isohemin		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
r other troumotic	Conditions, if ony, which gove rise to immediate cause 10%, stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSEQUENCE OF THE CONSEQUENCE OF T	concular Thro	mharia	
NOI ION	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	LINAL DISEASE OR CONDITION GIVE	N IN PART 110
8 shows ony injur	19a. DATE OF OPERATION	196. CONDITION FOR WHICH	H OPERATION WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
- 6.61	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE.		DAY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	IT I OR PART 2)
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
21 ts mo	sow the deceased alive on	t) view the body ofter death.	FS , and that in (my) (our) opinion (deoth occurred on the date and hour	of the the (we) lost and from the couses stated

DHMH - 16 60M 7/84

(VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial 1/10/86 24 FUNERAL DIRECTOR Francis J. Collins Jr.

Edward J. Richards. M.D.

231 NAME OF CEMETERY OR CREMATORY Fort Lincoln

10301 Georgia Avenue Silver Spring, Md. 23d LOCATION
CITY OF TOWN
Brentwood

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

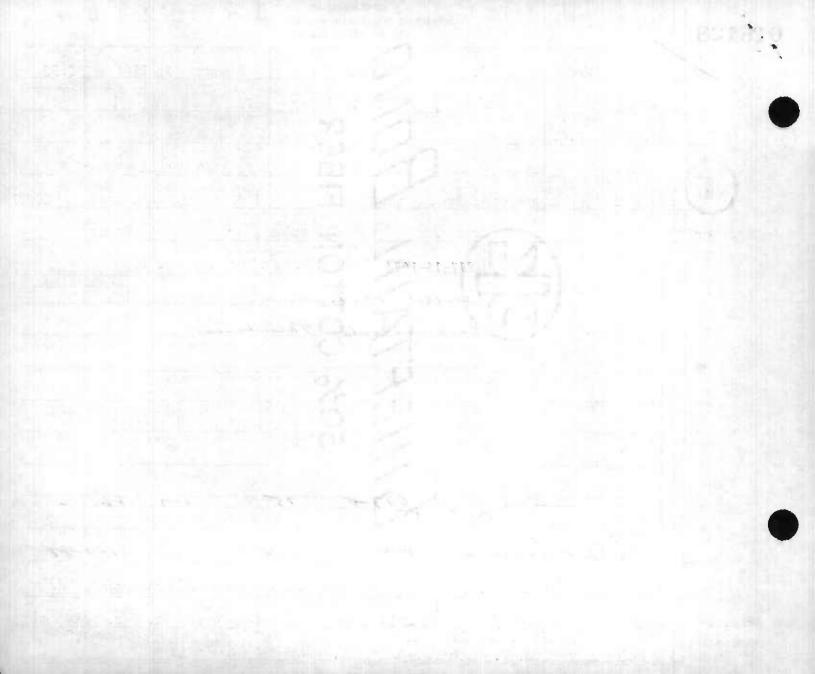
Pr. Geo. Maryland BY REGISTRAR 25b. REGISTRAR & JGHALIGHT

22c. DATE SIGNED

DEGREE

22e ADDRESS

500 University Blvd. W. Silver Spring. Md.



FOR

REGISTRAR

- STATE

STATE OF MARYLAND 6 0 0 . . . 0 DEPARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH

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IS MOTHER'S MAID!

Grace Lu

21c HOW INJURY C

21f LOCATION

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ATTEND

17 INFORMANT

DIVORCE

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ING IAN	MEDICAL		AFF ICIAN [4	1	7/2	36

PHYSIC 22e ADDRESS

9811697

734 BURIAL CREMATION, REMOVAL

Burial

236 DATE 1/19/1986

DEGREE

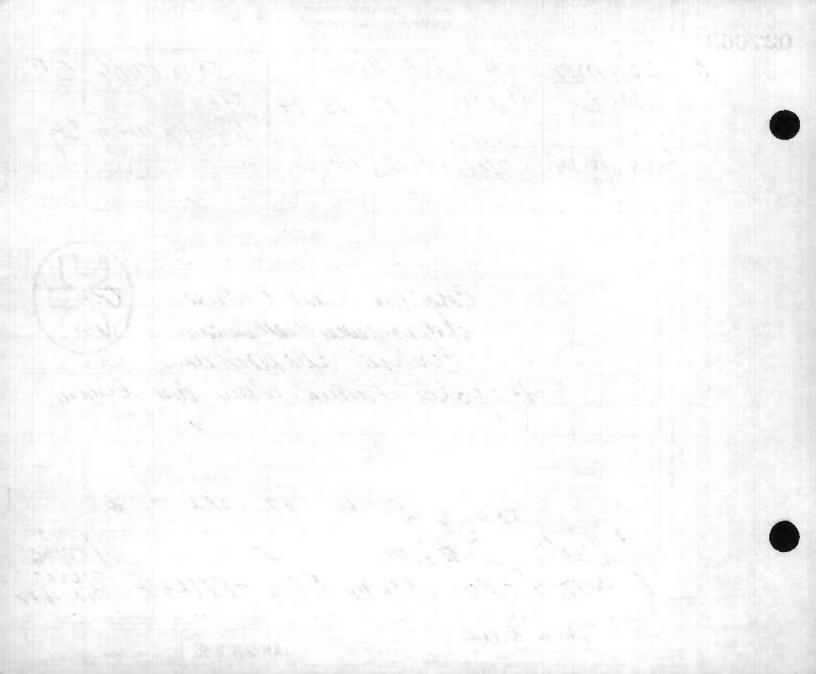
Bethany Baptist Cemetery Callao Northumberland VA

BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

74 FUNERAL DIRECTOR Jones-Ash Funeral Home

ADDRESS P.O. Box 276 Heathsville, VA.

who waydoon



7041	1.	FOR STATE REGISTRAR		DEF	PARTMENT O	ATE OF MARYLAND F HEALTH AND MENTAL HY TIFICATE OF DEATH	GIENE 6	0 2	5 8	5
25 16		CEPEND	rst	MIDDLE	- ,	LAST	20 DATE OF DEATH	MONTH [P-86	26 HOUR 5
-	3.5E		4 RACE		4 . 4	Wishnow E OF BIRTH	6 AGE (IN YEARS LAST BE		IF UNDER 1 YEAR	IF UNDER 24 HR
346	1000	lale		casian	MC	ch 28, 1897	88		MONTHS DAYS	HOURS MIN
11 10		RTHPLACE (STATE OR FORE	GN 76 CITIZI	EN OF WHAT COUN	JTRY2 8	RIED X NEVER MARRIED	9 BALTIMORE CITY (OF DEATH	1
200	Ma	ssachusetts		ISA	WIDO	WED DIVORCED		o h II		^
0/	1	TY OR TOWN OF DEATH	(IF NO	OT IN SUCH FACILITY, GIVE	STREET ADDRESS)	E OR OTHER INSTITUTION	(TYPE OF WORK FOR MOST			ationa
	USU	koma Park AL RESIDENCE (IF NURSING I STATE 1136	HOME OR OTHER INST	TITUTION GIVE RESIDENCE	E BEFORE ADMISSIO		Musician			my Orc
122	M.o		r. Geo.	Takon	na Park	YES NO STANDER OF THE NO STANDEN N	130 STREET ADDRESS 403 Linco			20912
16	D	Harold	WIDDLE	tot : . Is		FIRST	MIDDLE		LAST	
194		VAS DECEASED EVER IN L			LYLOW L SECURITY NO	Rose.	ADDR	ESS	Unknow	in
Popular P	1	NO OR UNKNOWN) (11	YES, GIVE WAR OR D		19-7501	Helen C. Wis	hugu Wila	Same	21 12	
heen igned by the mit. Then please re- prior to burial, dien any mistry, or other	CERTIFICATION		CANT CONDITION		G TO DEATH B	UT NOT RELATED TO THE TER	RMINAL DISEASE OR CON	20h. IF YES	, WERE FINDIN	IGS USED
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1 4 4 F	MEDICAL	214 INJURY OCCURRED	21a.7	PLACE OF INJURY		ZII. LOCATION	CIPY DIE FO	DWINE :	coolin	17476
68	12	al works Not would				6	1		N	
for use of Heal		27s.1 certify that (I) sales saw the deceased a above, (I) feet sales	live on	1-14	36	and that in (my) to opinio	n death secured on the d	ate old hour	AND RESIDENCE OF THE RESIDENCE OF THE PARTY	that (I) two l a couver stated
(A) DIRE defached bue Dept		27% SIGNATURE	~ /	Turi	40		DIRECTON D PHYSI		271. DATE 5	8 P
to Funes, thould be of		JASON	PE10	EK, M	W)	SILVE	X SERING	KON	8/A 8. 200	EE)
		BURIAL, CREMATION, REA BUTIAL		22 / 8.6		F CEMETERY OR CREMATORY	CITY OR TOWN	ו ח	COUNTY	STATE
- 16 60M 7/84	24. FI	UNERAL DIRECTOR FILE	ncis J.	Collins.	Jr.	Creek Cemetery			PAR'I SIGNAT	deflett
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DHMH - 16 50M 4/83 (VRA 15, 4)

DIVISION OF VITAL RECORDS,

Olin L. Molesworth, P.A. Damascus, Md.

JAN 1 3 1986

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diel A set Bereit Ter York Piter Lieritsan ompined the Manuary of the State of the Stat Haryland Houte, daithershure x 521 % Frederick Ave. Lee Edward Gregan Certrade C. (unknown) 26305 Aiken Dr. 212-26-5681 Bernard Releast Clarksbury, Md. Jesuit Visintinal colderiest

Surgery for ventual haring repair.

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court I for many Hill Prince Philip Dr. Olmey, Md. ...

Grenniton 1/9/85 Pertyles for Ph. Saltimore Heryless Olla L. Molesvorth, P.A., Dareston, Md. ... All Philipperson of the Allo

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR JOSE PH GAWLET'S SONS, INC.

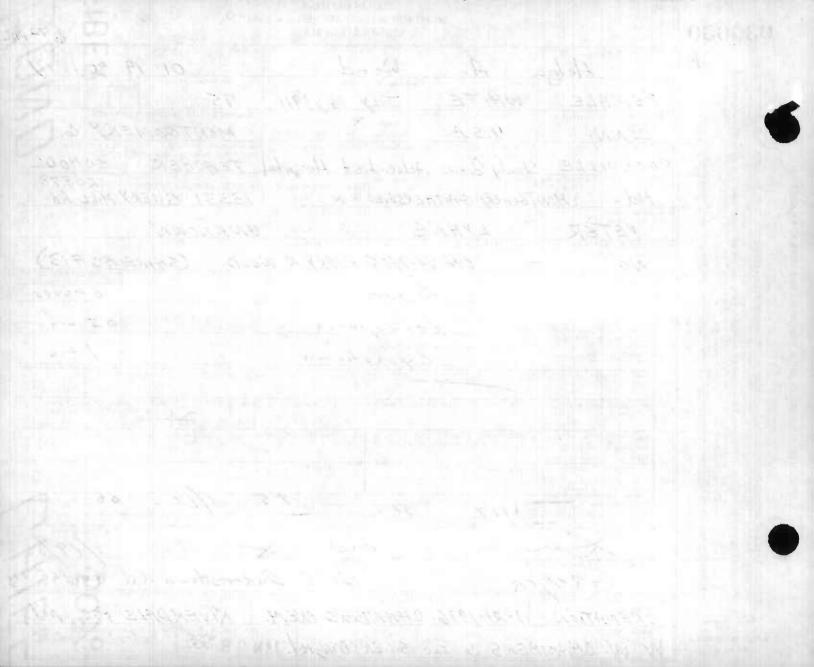
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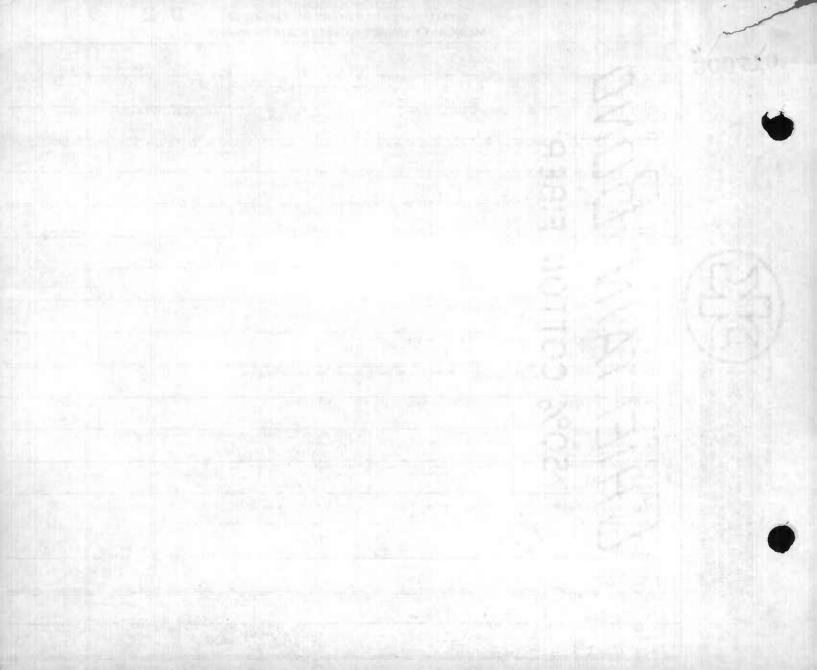
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				STATE OF MARYLAND	8 6 0 2	5 9 n
020020	1.	FOR STATE	DEPARTA	MENT OF HEALTH AND MENTAL HYG	IENE O	e Tour
030030		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	1847 by
K		CEASED NAME FIRST OR PRINT)	MIDDLE	LAST	20. DATE OF DEATH MONTH DAY	1
may be page 3 ter death		Helaa	A.	Wood	01 19	86 18:43/W
ma)	3. SE	0 1	RACE	5. DATE OF BIRTH MONTH DAY YEAR		UNDER TYEAR IF UNDER 24 HRS
ecto rs of		FEMALE	WHITE	JULY 16, 1911	74 YRS.	
Pod dir		RTHPLACE (STATE OR FOREIGN 76.	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY O	F DEATH
no 722		CONN.	U.S.A.	WIDOWED DIVORCED	MONTGOME	ERY Go. MD.
we for d	10°C	TY OR TOWN OF DEATH	. NAME OF HOSPITAL, NURSING (IE NOT IN SUCH EACHLITY, GIVE STREET	IG HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
5 5 5 5	R	OCKUILLE S	hady Goove Ac	Julentist Hospital	TEACHER	SCHOOL
d in b	130	AL RESIDENCE (IF NURSING HOME OR OTI	HER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION) N 113d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE	20878
JAND 34 h	,,,,,	11.	GONERY GAITHE		13331 QUER	Y MILL Rd.
7 50 5	14 FA	THER'S NAME FIRST MID		15. MOTHER'S MAIDEN NAM	AE	LAST
uted w		PETER	LYHNE	EM21	UNKNOWN	(ASI
- 0-/-		VAS DECEASED EVER IN U.S. ARME	D FORCES? 166 SOCIAL SECU	IRITY NO. 17. INFORMANT	ADDRESS	
MORE, nond or Pages		NO	046-24-	9405 HARRY R. W	OOD (SAMÉ	AS#13)
ALT sicio pers al.		18 CAUSE OF DEATH (Enter only	one couse per line for (a), (b), sh	d (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
physic physic in pape smaval.	-8	PART I. DEATH WAS CAUSED E		rin co		6 hours
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ne death creater and an arrangement of transfers, or recommentation, or recommentation and transfers and transfers and transfers are arranged to the second of the second		Conditions, if ony, which		140/19719		27 44
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by by by all, cr		underlying couse last.	(10)	y wood hond		100
s, 20 gned n ple buric ry, o	_	PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	IN AL DISEASE OR CONDITION GIVEN	N IN PART 110
PRDS	ě					
RECORDS.	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, Y	WERE FINDINGS USED NG CAUSES OF DEATH?
	I I				YES NO YES	
VITA AN. Th hysicic ficate tronsit 18 shg	2	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	PID TIME OF INJURY HOUR A.M. MONTH D.	AY YEAR	CED (ENTER NATURE OF INJURY IN ITEM 18 PAR	T I OR PART ?)
SICIAN: ng physical certifical rical-from ental Hy ltem 18:	MEDICAL	(IF EITHER NOTICY MEDICAL EXAMINER)	P.M.	19		MICA SALE DO
PHY ending this dor	AED .	21d INJURY OCCURRED	218 PLACE OF INJURY	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
DIVISION OF VITAL ING PHYSICIAN: The ratending physician wher this certificate has at the burial-transit pith and Mental Hyger orked or them 18 show orked or them 18 show		AT WORK NOT WHILE AT WORK			- //-	V /
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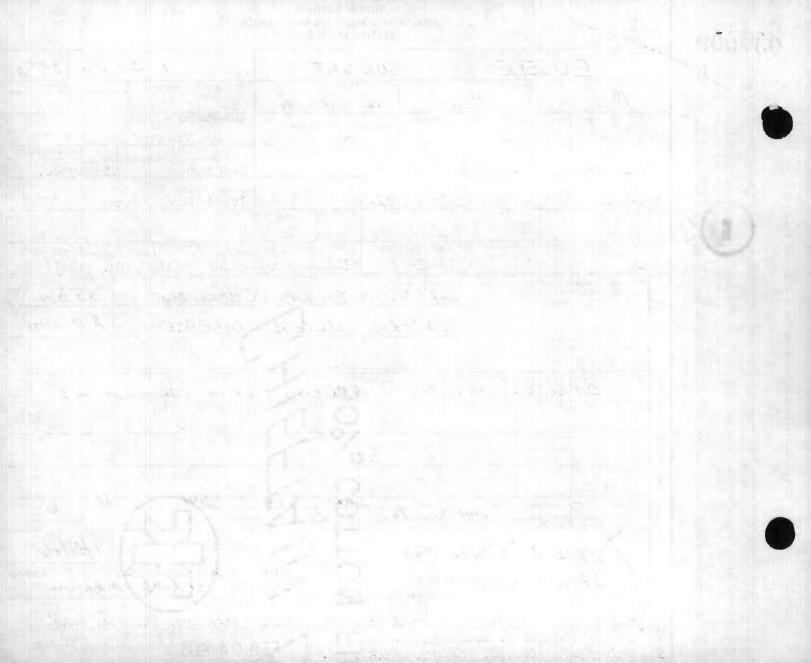
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500 University Blvd. W. Silver Spring. Md.

(VRA 15, 4)

STATE OF MARYLAND



FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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DHMH - 16 60M 7/84

(VRA 15, 4)

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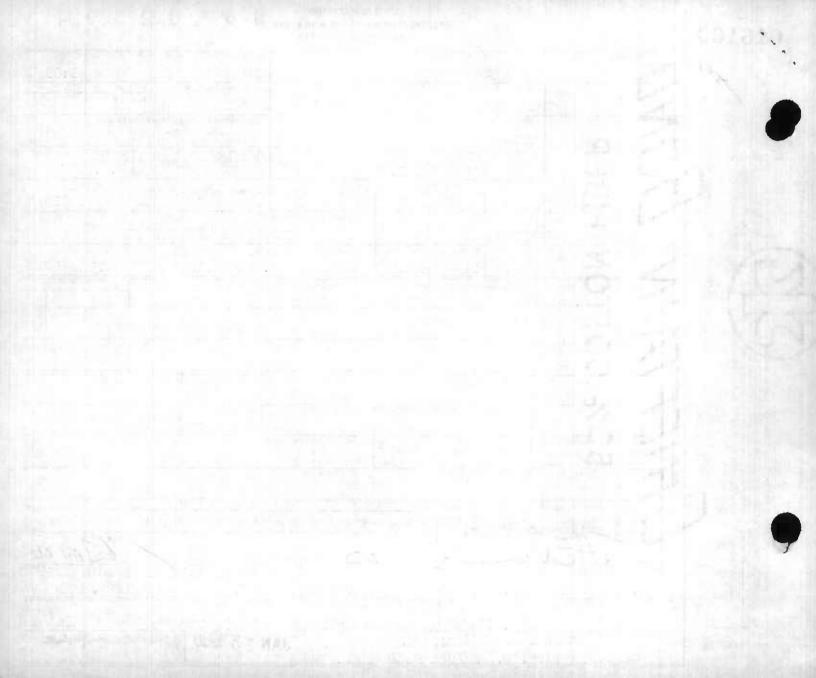
TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remove carbon pape with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

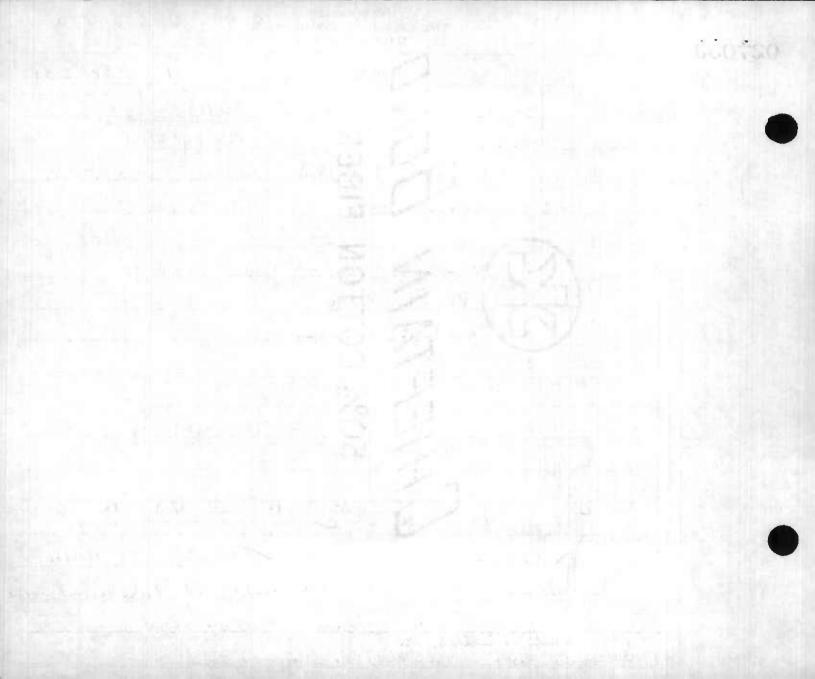
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE MARYLAND 21201	+	0 0 0	
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	O MOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death centricate be executed with a halfit title distriction of most one down to me.	O FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and templities, the different by the time and use thought by the detached for use as the burial-transit permit. Then please remove carbon papers. Page and a mind in the entire of the state Dept of Health and Mental Hygiene prior to burial, cremation, or removal.	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG NO L DECEASED NAME 20 DATE OF DEATH 26 HOUR Rose (TYPE OR PRINT) 86 Vezer 20 2:10 A Rudu 4 RACE 3 SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH YEAR 05 22 Fomalo Caucasian O BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIEX NEVER MARRIED COUNTRY DOMPYU New York DIVORCED [12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Telephone Operator A.T USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS 136 COUNTY 13a. STATE 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Maruland Silver Spring 9611 Clearview Place Montgomery NO 20901 FATHER'S NAME IS MOTHER'S MAIDEN NAME FIRST MIDDLE FIRST MIDDLE Anthony Rudy Unknown Eva 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS LIF YES GIVE WAR OR DATEST 060-03-6055 Ben Yezer Husband No Same as 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Brunchagenie Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 **IFICATION** 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 710 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY ? IC HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY COUNTY AT HOME STREET, FACTORY, OFFICE FARM ETC) CITY OR TOWN STATE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on_ and that in (my) our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 22h SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS 470 2125 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) COUNTY STATE BP. Gate of Heaven Burial 1 Silver Spring Montgomery Md 24 FUNERAL DIRECTOR Francis J. Collins. Jr. DHMH - 16 60M 7/84 500 University Blvd. W. Silver Spring. Md. (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG

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- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	o of the same		
DECEASED NAME FIRST B (TYPE OR PRINT) BURNIE	urnie MIDDLE Love	YOUN G-	Jan. 18,		26 HOU 1:10	
SEX	4 RACE	5 DATE OF BIRTH		UNDER I YEAR	IF UNDER	
Female	White	Feb. 7 1889	96 YRS	NIHS DAYS	HOURS	MIN,
TO BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY C	FDEATH		
Mississippi	U.S.A.	WIDOWED DIVORCED	Montgomery			MD.
Rockville	11. NAME OF HOSPITAL, NURSIN			126 KIND O INDUSTRY	eter	rans

Rockville	Collin	gswood Nursing	g Home	Secretary	Administration		
JSUAL RESIDENCE (IF NUR. 130 STATE Maryland	136 COUNTY Montgomery	I GIVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN Chevy Chase	13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS / ZIP CODE 150 Inverness	Dr. 20815		
James	Drennan	Love	15 MOTHER'S MAIDEN NA Cla ra	WIDDIE	LAST Fox		
160 WAS DECEASED EVER (YES NO OR UNKNOWN)	(IF YES GIVE WAR OR DATES)	579-28-3965	17 INFORMANT Dorothy Wil	ADDRESS Chev. fong. 3508 Invern	y Chase, Md.		
18 CAUSE OF DEAT PART I. DEATH V	H (Enter only one couse pe VAS CAUSED BY:	Propries Pol	Riofe- Cors	leo Vancida Disa	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	DUE TO C	OR AS A CONSEQUENCE OF					

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

DUE TO, OR AS A CONSEQUENCE OF

0 N						
ICAT	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH		
RTIF			YES NO	YES 🗀	NO 🗌	
8	210 ACCIDENT WAS UNDERLYING	216 TIME OF INJURY OCCU	RRED (ENTER NATURE OF INJUR	Y IN ITEM IS PART I OR PART 2	?)	

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M

211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY STATE CITY OF TOWN COUNTY AT HOME STREET, FACTORY, OFFICE, FARM ETC 1 NOT WHILE

27s I certify that (I) (this haspital) pinian death occurred on the date and hour and from the (our)

DEGREE ATTENDING STAFF
PHYSICIAN

23¢ NAME OF CEMETERY OR CREMATORY Cremation 1/27/1986

Mt. Comfort Crematory

Alexandria

STATE Virginia

Joseph Gawler's Sons Inc. 24 FUNERAL DIRECTOR

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

5130 Wisc. Ave., N.W. Wash. D.C.

Conditions, if ony, which gave rise to immediate couse to, stating the

underlying cause lost

DHMH - 16 60M 7/B4

TO FUNERAL DIRECTOR

should be detached for with the State Dept. of h

MPORTANT. If He

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this certificate has been

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marked or he

MEDICAL

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

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(VRA 15, 4)

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

JAN 2 1 1986 June 1986 June 1986

91	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO						
	1. DECEASED NAME FIRST	WIDDIE	L	AST	20 DATE OF DEATH MO	NIH DAY	YEAR	25 HOUR			
U	(TYPE OR PRINT)	ur H. V	DUN	9 MAN		117	86	515A			
	3 SEX / 4	RACE	5. DATE O		6 AGE (IN YEARS LAST BIRTHD	AY) IF UNI	DER 1 YEAR	IF UNDER 24 H	HRS		
į	In Ale	White	MONTH	5 DAY YEAR 96	89	YRS.	DAYS	HOURS M	IIN.		
f		CITIZEN OF WHAT COUNTRY?	ITIZEN OF WHAT COUNTRY?			9 BALTIMORE CITY OR COUNTY OF DEATH					
	Illinois	USA	WIDOWE		Montgomery						
ľ		1. NAME OF HOSPITAL, NURSII		R OTHER INSTITUTION	120 USTAL OCCUPATION		KINDO	FBUSINESS			
	Wheaton	Wheaton Manor		e Nursing H				Govt.			
	USUAL RESIDENCE HE NURSING HOME OR OF 130 STATE 136 COUNT	THER INSTITUTION GIVE RESIDENCE BEFOR	E ADMISSION)		13e.STREET ADDRESS / Z		-	na	al.		
ř		ont. S.S.	1.4	YES X NO	3667 Edeli		erra	ce /s	10		
į	14 FATHER'S NAME	DDLE LAST	1	15 MOTHER'S MAIDEN NAM			LAS				
d		Youngn	nan	Ada	MODIL	(Garner				
Ī	160 WAS DECEASED EVER IN U.S. ARMI	ED FORCES? 166 SOCIAL SECTION OF DATES	URITY NO.	17 INFORMANT	ADDRESS						
	Yes WWI		8962	Shirley Mcl	Lain (Daugh	ter) Sa	ame	as 13	E		
	18 CAUSE OF DEATH (Enter only	one couse per line for 101, (b), ar	ndierp	1 1 1	Dail a	-	APPROXI BETWEEN	MATE INTERVAL ONSET AND DEA	ATH		
	PART I. DEATH WAS CAUSED IMMEDIATE		nes	sir alony &	rulene			24 54	ous		
		DUE TO, OR A A CONSEQU	ENCE OF	2 1 . Dec. 2	10/0		11	42201	11 0.		
	Conditions, if ony, which	(0)					7	E	03.		
	cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQU	ENCE OF	2 of Inves	Vino		1	week	0.		
		Gastno En Ven	DEATH BUT	NOT RELATED TO THE TERMS	had disease or condit		HAL	Eus Me	lous		
5	Dehydration 190 Date of Operation 12/4/85 210. ACCIDENT WAS UNDERLYING	195 CONDITION FOR WHICH	OPERATION	N WAS PERFORMED	20a AUTOPSY? 2	Ob IF YES, WE	RE FINDIN	IGS USED	_		
	12/4/85	Olistruckeon	of Inke	rstine	YES NO	V CERTIFYING YES []	CAUSES	NO T			
7		216. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY I	TEM TE PART I	OR PART ?)				
7	OR CONTRIBUTING CAUSE OF DEATH	P.M.	19								
	(IF EITHER NOTIFY MEDICAL EXAMINER)	21e PLACE OF INJURY	EARA SIC	218 LOCATION	CITY OR TOWN		OUNTY	STATE	E		
	A MAILE NO WHILE										
	220.1 certify that (I) (this hospital saw the deceased alive an) ottended the deceosed from	7/	19.8.5	10 Jan 14	19.5		that (I) (we)			
	saw the deceased alive an above, (I) (we) (did) (did nat	view the body alter death	36 , an	d that in (my) (our) apinion d	leath occurred an the date	and hour and	from the	couses stated	d		
	226. SIGNATURE	10 .0 1	. 0	DEGREE	CHEDICAL STAFE		22c. DATE	7/86			
2	Oliver	& Churless h	40		MEDICAL STAFF DIRECTOR PHYSICIAN		-	/			
	22d PHYSICIAN'S NAME (TYPE OR R	121/600		The ADDRESS 3701 R	ossmoor Blvd	Sil	ver S	pring	,Md.		
	Oliver V	. LHW 16 33				CAL C	CIVI				
	23a BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	cou	INTY	STATE	ŧ.		
	Burial 24 FUNERAL DIRECTOR			reek Cemeter				Luncil DO			
	ZT TOTTER ME DIRECTOR	11800 New Ha	mPAve	230 DATE	REC'D BY REGISTRAR 256	KEO ISHIKAK	A POR	MARKET			

DHMH - 16 60M 7/84 (VRA 15, 4)

Hines/Rinaldi

Silver Spring, Md.

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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		1 DE	CEASED NAME FIRST	WIDDLE	13	ASI	20 DATE OF DEATH M	ON H DAI	YEAR	26 HOUR				
oy be oge 3 deoth	10	(TYPE	OR PRINT)	BERT L. YOW	ELL		January 4,	1985		12:37am				
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2 43	150			LE CITIZEN OF WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY OR	COUNTYO	FDEATH					
A 77.0	10	Mai	yland	USA	WIDOWE		Montgome	ry		MD.				
1 24 7	6	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING		R OTHER INSTITUTION	120 USUAL OCCUPATION	N	126 KINDHA	THE INESS OR				
13/	9/		Olney	Montgomery Gener	ral H	ospital	Self Employ	yed	Improv	vements				
24 hour	6	13a S	STATE 1136 COUN	omery Wheaton	ADMISSION)	13d. INSIDE CITY LIMITS? YES YOU	13e STREET ADDRESS / 2	ZIP CODE Stree	1209	0)				
1 1	1	TA FA	THER'S NAME			15 MOTHER'S MAIDEN NA								
2 22 /	0//		Robert	Yowe1	1	Rose	WIDDLE		Jer	hkins				
1 87/	1	160 V	=											
- 1	0 /	1	YES, NOOR UNKNOWN) (IF YES GIVE	042-22-89	07	Barbara Yowe	ell-wife-(sa	me as	13e)					
ED A			18 CAUSE OF DEATH (Enter on	y one couse per line for (0), (b), and	l (c)				BETWEEN	MATE INTERVAL ONSET AND DEATH				
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deat	000		Conditions, if ony, which	(b) METASTAT		-reinous	PRUITATE							
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thot by sose ol, cr	T OT		underlying couse lost	(c)										
quires signed Then ple to burit	olany, o	NO.	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110											
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CIA ph	E	AL	OR CONTRIBUTING CAUSE OF DEAT	143	19									
PHYS ending this co	TO TO	MEDICAL	214 INJURY OCCURRED	218 PLACE OF INJURY	ARM ETC)	211 LOCATION STREET	CITY OR TOWN	7	COUNTY	STATE				
the of the	- xe	1	WHILE NOT WHILE AT WORK					200						
Teol A	Ē			ol) ottended the deceased from	VI	14/17 19 77	, 10	, 19		that (I) (we) lost				
ATTE Spite CTO I for	121	1/1	sow the deceased olive on above, (I) (was (did) (did not			d that in (my) (our) opinion (death occurred on the date	e and hour o						
ok e ho DIRE	E E		226. SIGNATURE	Muca		DEGREE	AAEDICAI STAEE		224 DATE	SIGNED				
Y th y th RAL deto deto	-		()en		my		MEDICAL STAFF	AN 🗌	1/	1/20				
HOSPITA ined by FUNERA uld be d	POKIAN		22d. PHYSICIAN'S NAME (TYPE OF			22e ADDRESS	GPN'	11000						
TO HOSP retoined TO FUNI should by with the	2		Bernard	J Rugus,		MONT.		701%.						
		23o. E	BURIAL, CREMATION, REMOVAL	Water County American Last		EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE				
BP	-		Buria1	Jan. 7, 1986 Ga	ite of	Heaven	Silver Sp	ring M	lontgor	nery Md.				
DHMH - 16 60M	7/84		uneral director Ines/Rinaldi Fun	eral Home Sinkver	Spri	Ave. ing, Md. JAN	7 1096	Sh REGISTRA	R'S SIGNATI	JRE				
(VRA 15, 4)		113	iloo/ idilatat Tul	CLUL HOME		JAIN	(000)			- 4				



PRESTON ST., BALTIMORE, MARYLAND 2120

DIVISION OF VITAL RECORDS, 201 W.

STATE OF MARYLAND

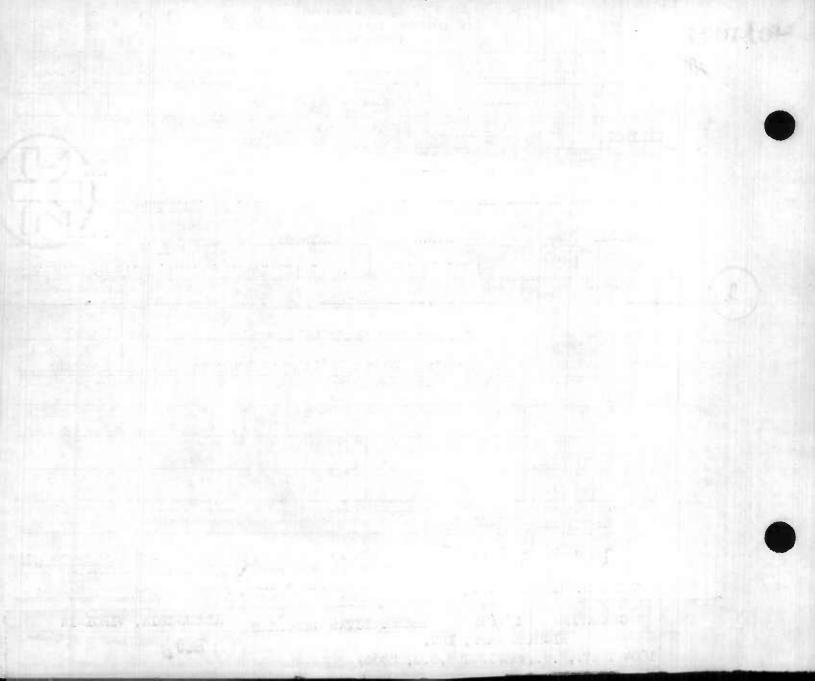
CERTIFICATE OF DEATH

100	REGISTRAR		CLICITI	CALL OF BEALT	REG. N	0.		
	ECEASED NAME FIRST	MIDDLE	l	AST	20 DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
[14]	ROBER	RT JOEL	ZAI	BAN	JANUARY 8,	1986		1:10P M
S	X	4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY) IF UN	DER I YEAR	IF UNDER 24 HRS HOURS MIN.
	ALE	WHITE	MARCI	1 16, 1953	32	YRS		MOURS MIN.
	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8	NEVER MARRIED	9 BALTIMORE CITY	E COUNTY OF	DEATH	
	fülïnois	UNITED STATES	WIDOWE		MONTGOMERY	COUNTY		MD.
10 (ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUF		R OTHER INSTITUTION	120 USUAL OCCUPAT		2b. KIND C	F BUSINESS OR
В	ETHESDA	NIH, THE CLIN		NTER	ARTIST		ART	
130	STATE ENNSYLVANIA PHI	LADELPHIA 13t CITY OR T	OWN OELPHIA	138 INSIDE CITY LIMITS?	13e STREET ADDRESS 250 S. 13T		#13	C 19107
_	ATHER'S NAME	LITTIMI	JELL HILL	15 MOTHER'S MAIDEN NA		H SIKEE	1/13	C 19107
2	PHILLIP	MIDDLE LAST	3.7	FIRST	WIDDLE		SHARI	יו סדי
16.	WAS DECEASED EVER IN U.S.	ZABA ARMED FORCES? 1166 SOCIALS		GERTRUDE 17 INFORMANT	ADDR	FSS	חזשוני	C 177
100		GIVE WAR OR DATES) 331-44		MR. PHILLIP	CHICAGO.	IL 606		MOZART
	18 CAUSE OF DEATH Ente	anly ane cause pét line far (a), (b	, and Ici		The second second	1000	BETWEEN	ONSET AND DEATH
	PART I. DEATH WAS CA	USED BY. DIATE CAUSE (a) Respir	atory F	ailure			1 we	ek
NO	cause (a), stating the underlying cause last	DOL TO, OR AS A CONSE	ed Immu	ne Deficiency		IDITION GIVEN I		onths
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WI	G CAUSES	
A	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM	FOEATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	- B	YES T		NO []
MEDIC	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFF	ICE, FARM, ETC }	211 LOCATION STREET	CITY OF TO	DWN	COUNTY	STATE
		aspital) attended the deceased from an JANUARY 8 1	9 <u>86</u> , ar	ER 3, 19 85 and that in (mX(aur) aprinian				
	1 Duane	1)(5-00-1	1	ATTENDING PHYSICIAN		CIAN	JANU	JARY 8,19
	DWAINE R. RI			ROCKVILLE P	ONAL INSTIT			· ·
23a	BURIAL, CREMATION, REMOTE (SPECIFY) CREMATION	1/2/2/		EMETERY OR CREMATORY	23d LOCATION	-	TŘGI	

DHMH - 16 60M 7/84 (VRA 15, 4)

ON 1/9/86 M RICHARD RAPP, INC. 1804 T ST., N. W. WASHINGTON, D. C. 20009

METROPOLITAN CREMATORY ALEXANDRIA, VIIIGITAL 250 DATE REC D. BY REGISTRAR'S SIGNATURE TO SERVE STRANGE STRANGE



020150	1-	FOR STATE REGISTRAR	-		DEPARI	MENT OF H	OF MARYLAND EALTH AND MENT CATE OF DEAT		IE 6	0 2	6 0	0
poge 3	{TYPE		Marce	MIDDL RACE	E	ZAMN Zavniv		e	AGE (IN YEARS LAST 8	MONTH	2-86	2b HOUR 06 SGM # UNDER 24 HRS
s offer. p	3. SEX	Male		White		MONTH		YEAR	79	YRS	MONTHS DAYS	HOURS MIN.
funeral dire thin 72 hour	76. BIRTHPLACE (STATE OR FOREIGN COUNTRITELY		FOREIGN 76	CITIZEN OF WHA		2 8	NEVER MARR	RIED .	9. BALTIMORE CITY OR COUNTY OF DEATH Montgomery County.			MD.
by the filed with a string and the s	Ro	Y OR TOWN OF DEA		Shady C	MOVE	Advont	ist Haspit	10N 12	Brick Ma	OF WORKING LI	FE) INDUSTRY	ruction
should be	13a. S Ma 1	IL RESIDENCE (IF NURS TATE 'YLAND THER'S NAME	136 COUNT Montg	Υ 13ε.	RESIDENCE BEFO CITY OR TO	WN	13d. INSIDE CITY LI YES NOTHER'S MA	x	STREET ADDRESS 26400 Ha			1
150	19. FA	Osvalo	do	Zai	michie	eli	FIRST	Lucia	MIDDLE	В	elfi tasi	
1	16a W	YAS DECEASED EVER ES. NO OR UNKNOWN)		WAR OR DATES)	SOCIAL SEC		17 INFORMANT		ADD nichieli,	RE26410	Haines	
IJ		18 CAUSE OF DEAT PART I. DEATH W	H (Enter only (AS CAUSED IMMEDIATE		for (a), (b), a	und (c)	anest				BETWEEN O	MAYE INTERVAL
by the attending ase remave carbo ase remave carbo as cemation for reaching at reaching at the stroumatic entire as the stroumatic entire as the stroumatic entire		Canditians, if any, gave rise to immediate (a), static underlying cause	mediate ng the	DUE TO, OR AS	colon	ui b	leeding				one n	renth
r to burio injury, ar	NOI	PART 2. OTHER SIGN	- /)	ONDITIONS CONT	Λ /	LULE BUT	NOT RELATED TO T	THE TERMINA		NDITION GIV	VEN IN PART TIO	
shows ony	CERTIFICATION	19a DATE OF OPERA	TION	196 CONDITIO	N FOR WHIC	H OPERATION	N WAS PERFORME	D	YES NO	INCERTIF	S, WERE FINDIN FYING CAUSES (S	OS USED OF DEATH?
Mental Hygiene or Item 18 shaws		218 ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER, NOTIFY MED)	CAUSE OF DEATH	21b. TIME OF IN HOUR A.M. P.M.		DAY YEAR	21c. HOW INJURY	OCCURRED	(ENTER NATURE OF IN	IURY IN ITEM TB (PART I OR PART 2)	
rked or t	MEDICAL	WHILE NOT WE AT WORK	HILE [21e. PLACE OF 1 (AT HOME, STREET, I		FARM ETC)	211 LOCATION STREET		CITY OR	OWN	COUNTY	STATE
of Healt		saw the decease above (I) (we) (ed alive-on	view the body after	19		d that in (my) aur)	9 3 5) apinian dec	th occurred on the	date and hou	0 -	hat (II) (we) lost causes stated
uld be detached the State Dept.		27b. SIGNATURE	S Rus	en w			PHYS	NDING INCIAN IN	MEDICAL ST DIRECTOR PHYS	AFF ICIAN 🗌	22c. DATE S	186
should be deto with the State [IMPORTANT: If	7		ark	Rosen			22e. ADDRESS	Silver	Spring	, no		
		URIAL, CREMATION, SPECIFY) Burial		Jan. 15, 1			Olivet	AATORY	23d LOCATION CITY OF TOWN Frederi	ck. F	county rederic	k. Md.
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-	101404	17	REGISTRAR "	3-14-86	ME ME	DICAL	EXAMIN	ER'S C	ERTIFICATE	OF DEA	TH	REG NO			
00	7104	I. DE	CEASED NAM	AE FIRST	-134	MIDDLE			LAST		DATE KN	W NWO	MONTH	DAY YEA	AR 26 HOUR
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	SCHOOL STREET	13. SE	ζ.	4 RACE	5 DATE OF BIRTH		6. AGE (IN YEA	RS IF UN	DER 1 YR IF UNDER	R 24 HRS.	2c. DATE		MONTH	DAY YE	AR 2d HOU
	22 E	Me	le	White	April 26	.1962	LAST BIRTHDA	, morali	S DAYS HOURS	MIN	PRONOUNC	ED	1 0	0	3:30
_	\$20287 /		IRTHPLACE (1	76 CITIZEN OF W		23 YR	0			9 BALTIMO	PE CITY OF	COUNTY	19 8	V
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	名言が 人	10.0	Costa	Rica	II. NAME OF HO	S.A.	L L	WIDOW			Montg AL OCCUPA	omery	Coun	ty	M[
	A HOUSE	/			(IF NOT IN SUCH F	ACILITY, GIVE S	REET ADDRESS)		EK INSTITUTION	FOR M	OST OF WORKIN			OR INDU	JSTRY
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K	-	14. F.	ATHER'S NAM				*		IS MOTHER'S MAID						
NE. N	THE SECOND		Os ca		WIDDLE	Zuni	0		Maria			agenia		Chave	
TWC	SE SES		ES, NO. OR UNKN	D EVER IN U.S. AR	MED FORCES?		IAL SECURITY		17. INFORMANT		I I	APPH SIE	gton,	Va 22	2201
AL	A STATE OF THE STA		No			228	-15-47	03	Oscar Zu	niga	123 1	V. Way	me S	t Apt	5
100	SAN ED		18 CAUSE	OF DEATH (Enter ar	nly ane cause per lin	e far (a), (b	, and (c).) /		1				11.7	APPROXIM BETWEEN OF	MATE INTERVAL
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. ac	ANS ANS REV			ins, if any, which ise to immediate										-	
` ₹	A PENCIL CAMINER AL - TRANS MENTAL H V, OR REA		couse (c) stating the under-		RASACON	SEQUENCE C	F						227	\
RECORDS, 201	ON, WALKA		lying co	use last.	(c)									1	
DS.	BE EXECUTE ENDING" IN MEDICAL EX AS A BURIAL ALTH AND M CREMATION		PART 2 OTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELA	TED TO THE TERMI	NAL DISEASE	OR CONDITION GIVEN IN P.	ART 1 lgt.					
0	D BE E	Z													
	HOULD BE CHIEF MEI USED AS OF HEALI	TE	190. DATE O	FOPERATION	19b. COND	ITION FOR	WHICH OPER	W MOITA	AS PERFORMED?					20. AUTOP	SY?
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> 4	m > m @ Z @ / 7		210 EXTERN	AL CAUSE WAS	216 TIME C			21c HC	W INJURY OCCURR	ED LENTER N	ATURE OF INJUR	IN ITEM 18 PA	ART I OR PART		
2	THE VALUE OF TO THE VALUE OF TO OR TO	AL.	UNDERLYIN	G OR ING CAUSE OF		M. MONTH	DAY YEAR								
DIVISION OF VITAL	FU - 5.55	MEDICAL CERTIFICATION	ZId INJURY		21e PLACE	OF INJURY	(AT HOME,	21f. LO	CATION		-			4	
Ş	WARDED WARDED PAGE 3 STATE DEP	M	WHILE AT WORK	NOT WHILE	STREET, FAC	CTORY, FARM, E	IC I	S	TREET		CITY OR TOWN		COUN	14	STATE
	PAC STA		AT WORK	ATWORK								7			
	ATE SOR		220 I cert		ge of the remains de	scribed abo	ve, held an	Autops	y X. Inspection	an L.	Inquiry	J, and	I in my apir	ion	
	ME ME TES		death resul	ted fram: Natu	ral causes	Accident	L, Sui	ide 🔲	, Hamicide	Undete	rmined manr	ner L.			
	EXAMINER CERTIFICAT FULD BE FOR L DIRECTOR: (, WITH THE MARYLAND	1	ACTUAL	PM S	1	2			TITLE (SPECIFY)				DATE	13.	
	4 E E E E E E	1/	SIGNATURE	AVY	XX	0	_	M.	D Assistar	nt_MEDI	CALEXAMIN	IER	DATE	1-2-	86
	TO MEDICAL EXAME EXECUTE THE CERTIPLE PAGE 4 SHOULD FOR TO FUNERAL DIRES AFTER DEATH, WITH BALTIMORE, MARY	1	EXAMINER'S	NAM ANI	n M. Dixo	n, M.	o.		ADDRESS 111	Penn	St.,	Balto	., MD	212	.01
	PAT PAT -	23a.8			236 DATE	23p.1	LAME DE CEN		Ssta Rica-	23d LO	CATION				
07/84	BP.3	1	Bu Bu	rial	Jan 8,198	36 S.	- April			Sa	n Pedr	0	Mont	es De	STATE
25M			UNERAL DIRE		7 10 10 10			tres	ZSO. DATE	REC'D. BY	REGISTRAR	256 REGIS	TRAR'S SIC	NATURE	
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STATE OF MAKILAND

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